**Stanley Center for Speech and Language Disorders**

**Graduate Clinician Monthly Time-Sheet**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Client Name** | **Type Classification**  *(Be sure to indicate Diagnostic or Therapy, age and separate by line)*  *D=Diagnostic and T=Therapy -- C=Child and A=Adult* | | | | | | | | | **Ethnicity**  *W=White*  *H=Hispanic*  *A=African American*  *O=Other* | **Time Begin** | **Time End** | **Client**  **Total Time** | **Date submitted in CALIPSO** |
| Artic | Voice | Fluency | Lang. | Dysphagia | Cognitive | Modalities | Hearing | Social Aspects |
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| **Disorder Total Time:** | | AD: | AD: | AD: | AD: | AD: | AD: | AD: | AD: | AD: |  |  |  |  |  |
| AT: | AT: | AT: | AT: | AT: | AT: | AT: | AT: | AT: |
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**Supervisor Date**