

UNIVERSITY OF CENTRAL MISSOURI™

Welch Schmidt Center for Communication Disorders

Client Schedule Summer Semester 20____

Date _____ New ___ Returning ___

Name _____
(last) (first) (middle)

Birthdate _____ Age _____ Sex: M F
MONTH DAY YEAR

Parent/Guardian Name _____

Address _____

City _____ St. _____ Zip _____

Telephone: _____ (H/W/C) Alt. # _____ (H/W/C)

e-mail address: _____

Cross out hours that you **COULD NOT** attend the Center for Communication Disorders

	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								

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For Office Use Only

Current clinician _____

Current Supervisor _____

DX _____

Recommendations: _____

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New Assignment _____

Supervisor _____

Severity (Circle one) Mild Moderate Severe
