

**CHECKLIST FOR PROCESSING DIAGNOSTIC AND AUDIOLOGICAL REPORTS**

**CLIENT NAME:** \_\_\_\_\_  
**DATE OF EVALUATION:** \_\_\_\_\_  
**CLINICAL INSTRUCTOR:** \_\_\_\_\_  
**STUDENT CLINICIAN(S):** \_\_\_\_\_

**PLEASE VERIFY THAT EACH FILE CONTAINS THE FOLLOWING, IN CORRECT ORDER, AT THE TIME OF PROCESSING:**

- \_\_\_\_\_ Order of Information
- \_\_\_\_\_ Face Sheet
- \_\_\_\_\_ Telephone Intake
- \_\_\_\_\_ Application for Clinical Service
- \_\_\_\_\_ Signed *Authorization to Use Clinic Materials*)
- \_\_\_\_\_ *Release of Information* (Only if requesting information from another source, or if sending *our* report to someone other than the person who was evaluated or their legal guardian.)
- \_\_\_\_\_ Updated *Chronological Summary of Activities*

**FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY REPORTS, PLEASE VERIFY THAT ALL THE**

**SLP DIAGNOSTIC REPORTS**

- \_\_\_\_\_ Report signed?
- \_\_\_\_\_ Report contains prognostic statement?
- \_\_\_\_\_ Hearing status addressed in report?
- \_\_\_\_\_ Test forms placed in appropriate section of file?
- \_\_\_\_\_ *Therapy Schedule* form sent to Clinic Director?

**AUDIOLOGY REPORTS**

- \_\_\_\_\_ Report signed?
- \_\_\_\_\_ Report contains prognostic statement?
- Forms placed in appropriate section of file:
  - \_\_\_\_\_ Audiogram?
  - \_\_\_\_\_ Tympanogram?
  - \_\_\_\_\_ APD Test Forms?
  - \_\_\_\_\_ Aided Audiograms?

Special Comments:

File Disposition: \_\_\_\_\_ waiting files    \_\_\_\_\_ active files    \_\_\_\_\_ inactive files

Clinical Instructor Signature:

Date:

Report Processes By:

Date: