

Department of Communication Disorders
Clinical Services
Quality Assurance Record Audit

SPEECH-LANGUAGE PATHOLOGY _____ AUDIOLOGY _____ Date of Review: _____				
Client Initials _____		Student Clinician _____		Clinical Instructor _____
DOCUMENTS	YES	NO	N/A	Corrective Actions Taken
<i>Authorization for Request or Release of Info (Sec. 1)</i>				
<ul style="list-style-type: none"> • Agencies/individuals named; addresses completed • “From” and/or “To” indicated for each party • Desired information identified • Signed/dated by responsible party. • Form updated annually for Tx clients 				
<i>Application for Clinical Service Form (Sec. 1)</i>				
<ul style="list-style-type: none"> • Form completed, signed, dated? 				
<i>“Authorization to use Clinic Information” Form</i>				
<ul style="list-style-type: none"> • Completed, signed, dated annually? 				
<i>Medical Information Form (Sec. 1)</i>				
<ul style="list-style-type: none"> • Completed? Updated within last 12 months? 				
<i>Chronological Summary of Activity Form (Sec. 2)</i>				
<ul style="list-style-type: none"> • On-going documentation of contact with clients, families, or supporting agencies; may include brief summaries of case conferences, referrals, consultations with related service providers, etc. 				
<i>Audiological Reports (Sec. 3)</i>				
<ul style="list-style-type: none"> • Includes all audiological reports, audiograms, impedance data, hearing aid fitting data, hearing screenings. All reports are in reverse chronological order, with most recent on top. 				
<i>Speech Language Pathology Reports (Sec. 4)</i>				
<ul style="list-style-type: none"> • Includes all speech-language evaluations, treatment plans, client progress summaries, test forms, language sample summaries (optional). All reports are in reverse chronological order, with most recent on top. 				
<i>Outgoing Correspondence (Sec. 5)</i>				
<ul style="list-style-type: none"> • Includes all outgoing correspondence, including email notices and contacts. 				
<i>Incoming Correspondence (Sec. 6)</i>				
<ul style="list-style-type: none"> • Includes medical reports, evaluations, I.E.P.’s, etc. <u>from other agencies</u> 				

Graduate Student Clinician Signature _____ Date _____
Clinical Instructor Signature _____ Date _____

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE CLINIC DIRECTOR BY THE END OF THE SEMESTER