

Southern Connecticut State University
Access Network
Encounter Form

Client Name:

Semester: (circle one) fall spring summer Year: 20____.

Student Clinician:

Clinical Instructor:

Date of Contact:																				
Speech-Language Services	Minutes of Service Delivered																			
Aphasia <i>Individual</i>																				
AAC																				
Swallowing																				
Adult Lang.																				
TBI																				
Voice																				
Group																				
Other _____																				

Instructions:

- Enter date of each scheduled appointment at top of column.
- Locate type of service(s) provided to client in left column. Choose only one type of service per session, based on the primary support provided.
- Record the time you spent providing each service, in minutes, in the box next to that service in the column dated for that appointment.
- If appointment was cancelled, or client did not show, record the appropriate cancellation code in the dated column next to the scheduled type of service.

Cancellation Codes:

CC = Clinic/Clinician Cancelled; **C** = Client Cancelled; **N/S** = No Show – Client did not call to Cancel