

Clinical Fellowship Experience

Clinical Fellow: _____

Segment: 1 2 3

Mentoring SLP: _____

Week #: _____

Direct Client Contact				
<i>Specify total number of hours each day</i>				
Day of the Week	Screening/Evaluation	Treatment	Report Writing	Family/Client Consultation and/or Counseling
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HRS				

Cumulative Weekly Total (all 4 columns) = _____

Special Notes: _____

