

NOTIFICATION OF CHANGES IN CLINIC SCHEDULE
Speech-Language-Hearing Center

Please use this form to document any changes and/or modifications to the in-house clinic schedule. If you have more than one client schedule change, indicate in the spaces below.

DATE: _____ NAME: _____

CLIENT NAME: _____

Indicate if this is: _____ a one-time change, or _____ a semester change

Originally scheduled session:

Day _____

Date _____

Time _____

Re-scheduled session:

Day _____

Date _____

Time _____

CLIENT NAME: _____

Indicate if this is: _____ a one-time change, or _____ a semester change

Originally scheduled session:

Day _____

Date _____

Time _____

Re-scheduled session:

Day _____

Date _____

Time _____

CLIENT NAME: _____

Indicate if this is: _____ a one-time change, or _____ a semester change

Originally scheduled session:

Day _____

Date _____

Time _____

Re-scheduled session:

Day _____

Date _____

Time _____

