



# NORTHERN ARIZONA UNIVERSITY

## Speech-Language-Hearing Clinic

P.O. Box 15045  
Flagstaff, AZ 86011  
www.csd.nau.edu/clinic

Phone: 928-523-8110  
Fax: 928-523-0034  
email: shclinic@nau.edu

### RECOMMENDATION FOLLOWING EVALUATION

Client: \_\_\_\_\_ Date of evaluation: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Clinician: \_\_\_\_\_

ICD code (diagnosis): \_\_\_\_\_ ICD code description: \_\_\_\_\_

**Therapy is:**

- Recommended, to start ASAP
- Recommended, but not to start until \_\_\_\_\_
- Not recommended

**Treatment:**

Type: \_\_\_\_\_

Individual: Y N      Group: Y N      Both: Y N

Frequency: \_\_\_\_\_

Length of session: \_\_\_\_\_

Days preferred by client: \_\_\_\_\_

Times preferred by client: \_\_\_\_\_

**Please send copies of evaluation report to: (make sure release form has been signed)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other comments:**

**TURN IN THIS FORM TO THE CLINIC DIRECTOR ASAP.  
SEND THE SIGNED REPORT ASAP. FILE THE REPORT. DOCUMENT IN THE CONTACT LOG.**