

**RECORD OF EDUCATIONAL CONSULTATION**

Clinical Associate:	Control Case #:	Initials:
Analysis began:	Adult Case:	Child Case:
Analysis terminated:	Age:	Sex:

**TREATMENT HOURS**

Month/Yr.	Hours	Total	Month/Yr.	Hours	Total	Month/Yr.	Hours	Total

**CONSULTATION HOURS**

Began:	Terminated:
Interruptions? _____ Dates: _____	
Consulting Analyst: _____	Dates _____
Consulting Analyst: _____	Dates _____

Month/Yr.	Hours	Total	Month/Yr.	Hours	Total	Month/Yr.	Hours	Total