**Record of Academic Language Therapy**

**Teaching Hours Beyond CALT Certification**

**for Qualified Instructor Applicants**

**Name: Date:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Individual or Group Name**  **and**  **Age or Grade** | **Dates of Therapy Sessions** | | | **Number of sessions per week/ number of minutes per session** | **Curriculum Used /**  **Check if entire curriculum was taught** | **Total # of hours taught per individual /group** |
| **Date**  **Therapy Began** | | **Date**  **Therapy**  **Ended** |
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|  | | **Total Number of Academic Language**  **Therapy Hours:** | | | |  |

**Signature of overseeing QI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_**