**Record of Academic Language Therapy**

 **Teaching Hours Beyond CALT Certification**

 **for Qualified Instructor Applicants**

**Name: Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:\_\_\_\_\_\_\_\_\_\_**