

# Aphasia Connections Program Visit Log

\*\* A minimum of 5 visits must be completed by Midterm

\*\* A minimum of 10 visits must be completed by Final

**Be sure to have your communication partner sign this document at the end of the semester**

Undergraduate Student:

Communication Partner:

1. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

2. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

3. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

4. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

5. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

6. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

7. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

8. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

9. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

10. Date:

Location:

Length of visit:

Experience: (What did you do? How did it go?)

Participant's Signatures:

---

Student

---

Communication Partner