



Speech Therapy Telepractice and Technology

Graduate Student Training Program
Department of Communication Sciences and Disorders

Daily Progress Notes

Client initials: _____

Date: _____ Time In: _____ Time Out: _____ Total Time: _____ Service Code: _____

Patient Physical Location: _____

The patient is informed about the use of telepractice using the usual procedures described in the *Speech Therapy Telepractice and Technology Training Manual*. This visit was completed using existing computers and Internet connections connected to the secure Web-hosted encrypted Cisco WebEx video conferencing system.

The need for telepractice is established as (check one):

Geographic barrier _____ Physical limitations _____ Social limitations _____

Video/audio quality and connectivity maintained through the treatment period that was (check one):

- Fully acceptable
- Acceptable/minor delays
- Minimal/noticeable interruptions, no affect on quality of treatment
- Moderate/some interruption in treatment session
- Unacceptable/session terminated and rescheduled

An eHelper _____ (name/title)

- Was present
- Was not present
- Was observing
- Was actively assisting with treatment

[CONTINUE WITH THE TREATMENT DOCUMENTATION IN THE USUAL MANNER]