



Speech Therapy Telepractice and Technology

Graduate Student Training Program
Department of Communication Sciences and Disorders

Plan of Care

Client: _____ Date of report: _____
 Address: _____ Site: _____
 _____ School (if applicable): _____
 Date of birth: _____ Age: _____ Date of evaluation: _____
 Phone: _____ DX: _____
 Parents: _____

I. Summary of Communication:

A. Pertinent Background Information

Note: This section contains essential things to know about client relevant as to why he/she has been referred for services. Take note of the margins.

B. Evaluation Results

This is formatted same as above. Margins are to keep the left edge of content lined up under the left leading margin of each specific header. First line of each paragraph should also be set to be indented in five spaces. Only summarize the most recent evaluation and refer reader to client file for details. Enough information should be entered so that the goals and objectives would be obvious, given the information in this section.

C. Performance

1. **Strengths:** Start context here and wrap around to left edge. This section contains client's strengths which would benefit progress in therapy.
2. **Needs:** This section contains information which relates to why services are needed. What sets this client apart from normal population?
3. **Current Communication:** State current observations about client's communication skills and also give/report on any current diagnoses along with severity levels.

II. Plan of Care for Report Period: _____ to _____

A. Frequency and Duration of Direct Services

This paragraph contains information about how often the client will receive services.

B. Indirect Services

What else will you be doing for the client that is not face-face direct contact. Carryover and transfer activities? Consulting with parents on strategies to use at home?

C. Long Term Goals and Short-Term Objectives:

Goal 1: Start text on this line and wrap text to the left edge of the letter “g.” like this line. Underline “Goal 1.”

Short-term Objectives

1. a Start to write on this line and then wrap text around to the left edge of the number.

1. b

1.c.

Goal 2: Same as above.

Short-term Objectives

2.a

2.b

2.c.

Goal 3:

Short-term Objectives

3.a

3.b

3.c.

D. Methods for Measuring Progress:

Start this paragraph below header and indent first line of all paragraphs.

We look forward to working with _____. Contact the Conley Speech, Language and Hearing Center (207.581.2006) or the individual clinicians if you have questions regarding this report.

(Names)
Graduate Student Clinician

(Name) *(M.A, M.S., Ph.D., or M.Ed.) CCC-SLP
Title