



Speech Therapy Telepractice and Technology

Graduate Student Training Program
Department of Communication Sciences and Disorders

Progress Report

Client: _____ Date of report: _____
 Address: _____ Service delivery site: Conley Speech, Language, and Hearing Center
 _____ School (if applicable): _____
 Date of birth: _____ Age: _____ Date of evaluation: _____
 Phone: _____ DX: _____
 Parents: _____

I. Summary of Telepractice Services:

A. Direct Services

State the telepractice services that you provided directly to the client.

B. Indirect Services

State services that were provided indirectly such as homework, recommendations for carry over and supplemental educational materials that were provided to the client.

II. Current Testing and Other Evaluative Measures:

Put pre-post testing here.

III. Results of goals and short-term objectives:

Progress Key

L — Limited Progress S — Satisfactory Progress M — Goal Met N — Not introduced

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 Note: for short term objectives. Start to write on this line and then wrap text around to the left edge of the number like this paragraph.

Progress:

Comments:

1. b.

Progress:

Comments:

1.c.

Progress:

Comments:

List all other goals/objectives in the same format as above.

IV. Summary of Progress

V. Recommendations

It has been a pleasure to work with_____. Contact the Conley Speech, Language and Hearing Center (207.581.2006) if we can be of further help or if you have any questions regarding this report.

(Names)
Graduate Student Clinician

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