



# **Appendix G**

## **Report Outlines**

## Speech and Language Diagnostic Report

File#:

Name:

Date of Birth:

Address:

Telephone:

Date of Evaluation

**REASON FOR REFERRAL:** This section, usually only one paragraph in length, reports the time and place of the evaluation, those attending, the person or agency making the referral, and the reason for the evaluation. The individual's present disabilities in communication are cited briefly as reported by the client or other informant.

**BACKGROUND:** In this section, which is usually longer than one paragraph, detailed information about the case is presented. Developmental, health, environmental, educational, and social history should be reported.

**EXAMINATION:** In this section, the tests administered during the evaluation are listed in order of occurrence according to type.

**RESULTS:** Test procedures, the results of testing, and observations are reported in this section. This information should be specific.

**CONCLUSIONS:** In this section, how the diagnosis was derived should be stated and rationalized. A prognosis should be included if possible.

**RECOMMENDATIONS:** The recommendations for additional testing, referral, or therapy should be stated.

\_\_\_\_\_  
Name  
Student Clinician

\_\_\_\_\_  
Name  
Diagnostic Supervisor

## **Initial Therapy Report**

Semester:

File#:

Name:

Age:

Date of Birth:

Parents:

Address:

Telephone:

**BACKGROUND INFORMATION:** In this section, detailed information about the case is presented. Developmental, health, environmental, psychological, educational, and social history should be reported if they apply to the disorder. A chronological sequence is appropriate for such reporting. If the report deals with a client who has been in the clinic previously, a reference may be made to information already in the folder. However, each therapy report should contain sufficient information to be up-to-date.

**ASSESSMENT:** In this section, the tests administered most recently are listed in order of occurrence according to type.

**LONG TERM GOAL:** This section should state the goal for the client at the end of treatment. Can be very general.

**SHORT TERM OBJECTIVES:** This section should list objectives wished to meet by the end of the semester. These need to be more specific and written as behavioral objectives.

**PROCEDURES and REINFORCEMENTS:** This section should state the approach the clinician is planning to use during treatment and the reinforcement using to motivate the client.

**GENERALIZATION:** This section should discuss the instructions, tasks, activities, the client is supposed to complete outside of the therapy setting.

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Name  
Student Clinician

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Name  
Clinical Supervisor

## Final Therapy Report

Semester:

File#:

Name:

Age:

Date of Birth:

Parents:

Address:

Telephone:

**BACKGROUND INFORMATION:** In this section, detailed information about the case is presented. Developmental, health, environmental, psychological, educational, and social history should be reported if they apply to the disorder. A chronological sequence is appropriate for such reporting. If the report deals with a client who has been in the clinic previously, a reference may be made to information already in the folder. However, each therapy report should contain sufficient information to be up-to-date, especially if something has occurred over the course of the semester.

**ASSESSMENT:** In this section, the tests administered most recently are listed in order of occurrence according to type. Include any and all tests performed this semester.

**LONG TERM GOAL:** Chosen at the beginning of the semester.

**SHORT TERM OBJECTIVES:** Chosen at the beginning of the semester

**PROCEDURES and REINFORCEMENTS:** This section should state the approach the clinician has used during treatment and the reinforcement used to motivate the client.

**GENERALIZATION:** This section should discuss the instructions, tasks, activities, the client was given to complete outside of the therapy setting.

**RECOMMENDATIONS:** A statement about future services- to continue, reduce the amount, increase the amount or be dismissed. Also- referrals to outside agencies may be made here.

\_\_\_\_\_  
Name  
Student Clinician

\_\_\_\_\_  
Name  
Clinical Supervisor

# TREATMENT PLAN

**Client's Name:**  
**Date of Birth:**  
**Age:**  
**Disorder:**

**Date of Plan:**  
**Re-Evaluation Date:**  
**Clinician:**  
**Supervisor:**

<b>Semester Goal:</b>
<b>Baseline Data:</b>
<b>Treatment Techniques/Strategies/Approaches:</b>
<b>Rationale:</b>
<b>Homework Program:</b>

**Clinician's Signature/Date:** \_\_\_\_\_

**Clinical Supervisor's Signature/Date:** \_\_\_\_\_