

SPEECH THERAPY SESSION NOTES

STUDENT NAME: _____ DATE OF BIRTH: _____

DISTRICT OF LIABILITY: _____

IEP GOALS / OBJECTIVE(S) - (EITHER WRITE OUT OR INDICATE WITH A SYMBOL): _____

Session Date: _____

Start Time: _____

Stop Time: _____

Total Minutes: _____

Circle One: (G) Group (I) Individual

** Evaluation Type: _____

1 = Fluency
2 = Sound Production
3 = Sound production;
w/eval of language comprehension and/or expression
4 = Behavioral and qualitative analysis of voice and resonance
5 = Language

Student Observations:

Met session objectives
 Good effort demonstrated throughout session
 Limited progress due to: _____
 Other: _____

Related IEP Obj: _____

* Place of Service: _____

*** Rationale: _____

* Place of Service Key: 1 = School, 2 = Home, 9 = Other

Description of Activities	
	Fluency
	Language
	Articulation
	Drill & Practice
	Computer Base
	Voice Therapy
	Oral Motor Therapy
	Communication Board
	Other: _____

Provider Initial: _____

Session Date: _____

Start Time: _____

Stop Time: _____

Total Minutes: _____

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***Rationale needed if exceed max time allowable unless so needed, school was in session and the student was in attendance on all days recorded. I have edited this form to correctly reflect the services delivered on the above dates.

PROVIDER SIGNATURE: _____ DATE: _____

PROVIDER PRINT NAME: _____ CREDENTIAL: _____

I SUPERVISED THE ABOVE SLP AND/SLPA FOR THE DATES OF SERVICE INDICATED

SUPERVISOR'S SIGNATURE: _____ DATE: _____ CREDENTIAL: _____

(IF APPLICABLE)