

SPEECH LANGUAGE SESSIONS

Name(s): _____

Period: _____

Time: _____

Goals:				Service Location
Obj. #1				__ Classroom
Obj. #2				__ Therapy Room
Obj. #3				Group Size
Obj. #4				
(A) 40 Minutes (B) 30 Minutes (C) Student Absent (D) Provider Absent (E) Makeup (F) Cancelled (G) Therapist Unavailable (H) Holiday/In-service				
Date	Service Description	Materials	Therapy Format	Progress
	<input type="checkbox"/> Articulation/Intelligibility <input type="checkbox"/> Attention, memory, and problem solving <input type="checkbox"/> Auditory Processing <input type="checkbox"/> Sensory Processing <input type="checkbox"/> Language-Morphology/Syntax <input type="checkbox"/> Language-Narrative/Expository discourse <input type="checkbox"/> Language-Pragmatics/Social Scripts <input type="checkbox"/> Language-Vocabulary/Semantics <input type="checkbox"/> Phonemic Awareness	<input type="checkbox"/> Voice <input type="checkbox"/> Other Activity <input type="checkbox"/> Discussion <input type="checkbox"/> Reading Comp. <input type="checkbox"/> Writing <input type="checkbox"/> Activity/Essay <input type="checkbox"/> Social Skill Activity <input type="checkbox"/> Fluency Activity	T1=drill T2=evaluation T3=imitation T4=spontaneous comm.. T5=structured class event T6=structured activity T7=conversation T8=lesson	P1=Mastered P2=Most accurate, spontaneous P3=Most accurate, min. cueing P4=most accurate, max cueing P5=Some acc., spontaneous P6=Some acc., Min. cueing P7=Some acc., Max cueing P8=Some acc. Min prompting P8=Some acc. Max prompting
Aim: _____				
Notes: _____				

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Aim: _____				
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