CALIFORNIA STATE UNIVERSITY EAST BAY

DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES

NORMA S. AND RAY R. REES SPEECH, LANGUAGE AND HEARING CLINIC

**Therapy Note**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client: First name last initial:** |  | **Client Age:** |  | **Session #:**  |  |
| **Report Date:**  |  | **Diagnosis:** |  |

|  |  |
| --- | --- |
| **S:** |  |

**TO (#), Task Step (Letter):**

|  |  |
| --- | --- |
| **Objective:** |  |
| **Assessment:** |  |
| **Plan:** |  |

**TO (#), Task Step (Letter):**

|  |  |
| --- | --- |
| **Objective:** |  |
| **Assessment:** |  |
| **Plan:** |  |

**TO (#), Task Step (Letter):**

|  |  |
| --- | --- |
| **Objective:** |  |
| **Assessment:** |  |
| **Plan:** |  |

Student Clinician: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_