**The purpose of the Home Program is to help clients maintain the progress they made during the quarter. It should address two of the client’s goals from their current quarter, and provide both a clinician created activity and a natural/functional activity for each skill. There may be exceptions to this depending on the skill levels of your clients. Activities are usually very similar to those that have been conducted in therapy, but adapted for clients and/or families to do at home. Keep them simple, functional and time efficient. Make sure activities are manageable for the client or family. It is not necessary to design all new activities for the Home Program. The goal is to describe clearly to families or clients what they are to do at home to maintain or improve the current level of functioning.

**General Purpose** explains the purpose of the Home program and all of the goals addressed this quarter.

**General Directions:** Discuss the practice environment. Where and when do you want practice to take place? How often and for how long? Should all activities be practiced at each practice session or should they be alternated? Be specific in describing how you want the practice sessions to be conducted.

**Number and Name Each Activity:** The name of the activity refers to the topic or behavior being addressed in the activity, e.g., /s/ in sentences while playing ****, plurals while reading ****, past tense verbs, intonation, monitoring fluency, reducing nasality, gestures, etc.

**Specific Instructions:** For each activity, tell the client or family what materials they will need and what materials you are providing. Explain how the activity should be carried out. Be specific, and clearly list steps which includes how the caregiver/partner introduces the activity, prompts for performance, and then more specifically, how the caregiver/partner should support the skill with cues and feedback. Give examples to make this clear, as needed.

**Natural activity:** Following each structured activity, describe how this skill can be addressed in a natural, everyday context. You still need to indicate what supports will be required for success.

**Closing:** End the Home Program with:

1) A short statement about your work or relationship with the client, e.g.,
   a) We enjoyed working with _________ this quarter and seeing her/him progress;
   b) Working with ______ has been challenging and rewarding;
c) ______ has made excellent progress this quarter, and your consistent work with him/her at home during the quarter has contributed to that progress;
d) We are glad we had the opportunity to work with ______ this quarter.

2) Wish the client continued success. If client is being discharged, provide an appropriate closing statement.

___________________________  __________________________
Your Name                     Supervisor’s Name, Degree, CCC-SLP
Student/Graduate Clinician    Clinical Supervisor

Instructions: This should be printed in duplicate. The original is given to the Client/Family member. The copy is filed in the client’s chart. Both require original signatures.