Quarterly Therapy Summary
Rubric and Grading Criteria

Supervisors will consider these elements when reviewing and grading the QTS.

1. **General Elements** (ensures that the QTS is written in a professional, logical, relevant, and concise but comprehensive manner)
   - Double spaced submission of new QTS content; initial QTP content is single spaced
   - Update client’s age (pediatric) and number of total sessions to date (all)
   - Carefully edit for format (IPA, underline test names, abbreviations, spelling, grammar, etc.)
   - Avoid passive voice and sentences void of content
   - Use parallel verb tenses within sentences and following Clinic Handbook format (e.g. headings, etc.)
   - Demonstrate correct use of punctuation (colons, semi colons, commas, i.e., versus, etc.)
   - Use clinical and professional terminology throughout
   - QTS represents best and most professional documentation to clients or professional community

2. **Specific Elements** (ensures the QTS reflects the client’s progress and current status in a professionally written and relevant summary)

   **A. Results** (written in past tense)
   For EACH Terminal Objective:
   - First sentence reflects whether or not objective was met (“the goal was/was not met”, “was partially met”, “almost met”, “not addressed”.
   - Brief statement about why this goal was necessary and/or appropriate for the client. Do not simply restate the goal.
   - Provide baseline measurement at start of therapy; add supportive information, as needed.
   - Discuss relevant facilitative techniques, procedures, cues and activities that were beneficial for client.
   - Discuss relevant information re: progression or TO modification
   - Provide any information which would be helpful for the next clinician (activities, behavior management, etc.)
   - End section with final data and relevant supportive information

   **Additional Objectives:**
   - Note any new objectives added since QTP was approved
   - Rationale for additional T.O.
   - Discuss status toward objective and report relevant information as noted above
   - Include any new objectives for family/caregiver training;
   - Create separate heading for Family/Caregiver Training, to include (minimally) training of specific Home Program activities, client and/or caregiver response, as well as homework, additional trainings, etc.

   **B. Present Status** (written in present tense)
   - **paragraph #1** to include current identifying information, diagnosis and relevant history (e.g. special day class, recent change in program, medical status)
First paragraph also includes a functional communication description: a specific, clear and typical description of client as a communicator without reference to any test or scores—this functional description does not include progress toward goals. Briefly reference all domains, even if to state WNL.  

Paragraph #2 to reflect a few sentences noting client’s progress toward each goal this quarter and overall response to treatment, but no data. Discuss any problems or interfering factors, including positive or negative (e.g., absences, attention, response to token reinforcement, works well in group)  

Statement which notes, as appropriate, degree or benefits of family/caregiver participation  

Paragraph #3 as a final paragraph to include remaining history, noting additional services as applicable, ending with number of quarters at CSUEB Speech Clinic. Avoid redundancy.  

Follows logically with no new information  

The Present Status should provide an adequate summary to stand alone.

C. Recommendations (written in present tense)

Opening sentence addresses continuation of TX, individual or group, frequency & duration, including quarter & year  

CSUEB therapy recommendations presented in prioritized, numerical list form as specific verb statements (e.g., continue, improve, decrease, eliminate, assess, reinforce, monitor, reassess & treat)  

Any recommendation must be supported as an areas of need in the Present Status section, either the Functional Description or the Progress paragraphs  

Additional, non-therapy recommendations (e.g., school district assessment, social groups in the community) should be presented as a separate list or in narrative form  

Include need for further assessment, in this clinic or elsewhere, if appropriate  

Indicate amount of parental/family involvement, if necessary.

Grading reference:

**A range (Report is consistent, well developed, and generally reflects independence in its development. It is logical, sequential, and professionally written, including clearly presented data and supportive details/descriptions, with few corrections required. Strong analysis with appropriate and specific recommendations)**

**B range (Report requires further development and a moderate amount of correction to content, grammar and/or format. Data reporting is weak, insufficient or unclear; analyses are limited and/or incomplete; recommendations may be unclear. Some essential elements are weak or missing).**

**C range (Report is inadequate. It requires a significant amount of feedback with weaknesses in any of the above areas. Data reporting is weak, unclear, or inaccurate; analyses are weak and/or incomplete; recommendations may be unclear, unjustified or inappropriate. Essential elements are weak or missing).**