CALIFORNIA STATE UNIVERSITY, EAST BAY

DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES

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

Confidential

### DIAGNOSTIC PLAN FORMAT

NAME: First Last EXAMINER(S):

AGE: (Years – Months) INFORMANT(S): (Name and relationship)

BIRTH DATE: Month-Day-Year NATURE OF DISORDER:

DATE OF EXAMINATION: Mo-Day-Yr SUPERVISOR: First Last, Degree, CCC-SLP

1. **STATEMENT OF PROBLEM**

State the full name of the client, age, date, and place of examination. Include the name of individual or agency making the referral. Note any previous evaluations or relevant medical problems. Provide a statement of the problem in the words of the client or informant and indicate the type of service requested. Include purpose of the evaluation or re-evaluation. This section is usually 1-2 paragraphs highlighting major, pertinent background information that informed your planning.

##### **PLAN**

Insert a numerical list of all activities, tests and procedures to be included in the evaluation, along with the time (in minutes) allocated to each. Consider dynamic assessment measures as appropriate. The order may vary based on the needs of the individual client. All evaluations routinely include client or informant interview, hearing screening, oral exam, consulting time (15 minutes), and exit interview (15 minutes). During Planning meeting the supervisor may suggest re-ordering.to maximize client performance or efficiency of process. Indicate which clinician is responsible for each procedure. Total time is generally 120 minutes and should not exceed 150 minutes, even for the most complex cases. .

##### Event Time Allocated

1. Interview (**Often this is better placed after test administration.**)
2. Assessment activities-listed in order of importance
3. Hearing Screening (concurrent with interview if it does not include client)
4. Oral Mechanism Exam
5. Consult with Supervisor
6. Exit interview with client/caregiver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Max. time 120 min.)

##### **RATIONALE**

For each number item above, a rationale must be included. For specific tests include support for your choice, including appropriateness for age, disorder, linguistic and cultural background. Include data about statistical validity and reliability. For required procedures, simply indicate “routine clinic procedure”.

1.

2.

3.

4.

5.

6.

1. **INTERVIEW QUESTIONS**

Using the broad headings of communication, medical, academic, social, etc., list proposed interview questions. Begin with a general, all purpose question then list possible specifics as bullet points so that the interview will contain fewer questions and instead, be more of a conversational exchange. Questions should flow naturally and do not necessarily need to be asked in the order listed. The interview should result in new or clarified information and should not seek information that is already known from the application. Remember that active listening should guide interview and is required to ensure all necessary information is obtained.

1. **ETHICS ISSUES**

Indicate possible ethics issues or questions (e.g. appropriate referrals, collaboration with other personnel, intervention practices, prognostic factors, scope of practice, privacy protection) in regards to this specific case for discussions in planning meeting and/or staffing. As appropriate, the exit interview, letter and/or Dx report will include these issues as they affect case disposition and specific recommendations.