**CALIFORNIA STATE UNIVERSITY, EAST BAY**

**DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES**

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

**Semester Treatment Summary**

**Fall 2021**

**Client:** **Age:**

**Date of Birth Supervisor:**

**Student Clinician:**

**Period Covered:** (XX sessions this semester)

 (XX cancellations)

 (XX total sessions to date at this clinic)

**I. History and Presenting Concerns (past tense)**

Client information to include age, diagnosis, relevant medical and/or developmental histories, and any relevant prior assessment history. Include presenting concerns from client or caregiver report. Last sentence is number of semesters/terms seen at the Rees Clinic.

**II. General Behavior Description (beginning of the semester) (past tense)**

Description of client’s interactions and general communication skills. Be sure to reference clinical observations of relevant behaviors that support each area of baseline and its related treatment objective. These observations are what justify your decision to complete informal assessment for your TO areas. Provide a few examples of spontaneous behaviors that accurately reflect communication concerns, including relevant examples of spontaneous speech and any notable interfering factors. As appropriate, discuss use of communication strategies, self-awareness, self-correction and attention. Note observable communication strengths.

**III. Terminal Objectives and Progress *(past tense)***

**TO #1:**

Baseline:

**Progress toward goal:** Delete the entire Task Sequence and replace it with a Progress summary of the Client’s performance. Include relevant information in this progression: status toward goal; purpose of goal; qualitative description of initial performance and task complexity; interventions, instruction, modifications, remarkable performance or findings; final data statement.

**TO #2**

Baseline:

**Progress toward goal:** Delete the entire Task Sequence and replace it with a Progress summary of the Client’s performance. Include relevant information: status toward goal; purpose of goal; qualitative description of initial performance and task complexity; interventions, instruction, modifications, remarkable performance or findings; final data statement.

**TO #3**

Baseline:

**Progress toward goal:** Delete the entire Task Sequence and replace it with a Progress summary of the Client’s performance. Include relevant information: status toward goal; purpose of goal; qualitative description of initial performance and task complexity; interventions, instruction, modifications, remarkable performance or findings; final data statement.

**IV. Caregiver/Client Education and Training *(past tense)***

Describe frequency and design of work with caregivers. Discuss training of the Home Program, including specific activities and the ability of the caregiver to implement them successfully.

**V. Present Status *(present tense)***

First paragraph: Identifying information, DX, brief presentation of relevant therapeutic and medical history. *Functional Description* which objectively presents client as a communicator, unrelated to therapy goals. Address all areas of communication including speech (intelligibility, phonetic repertoire, processes etc.), language (expressive and receptive, modalities, utterance length and types), pragmatics and cognitive domains (play, attention, self awareness), in order of priority, as appropriate for the client. May include descriptive examples of expressive speech and language. Note adequacy of hearing, and reference results of Hearing Screening, or Oral Mechanism Screening,if remarkable.

Second paragraph: Brief description of progress towards goals, including interfering factors or remarkable findings. No data.

Third paragraph: final paragraph to include remaining history, noting additional services as applicable, ending with number of terms at CSUEB Speech Clinic. Avoid redundancy.

**VI. Recommendations**

Opening sentence addresses continuation of TX, individual or group, frequency, duration, including semester and 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 area 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

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**(Clinician Name) Supervisor Name, degree, credentials**

**Graduate Student Clinician Clinical Supervisor**

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\*\*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).