

**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 Plan
(semester, year)**

Client:

Age:

Date of Birth:

Supervisor:

Student Clinician:

(XX sessions this semester)

(XX cancellations)

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. **No need to revise presentation of history from prior STS if it remains current and correct. If a continuing client, include 1-2 sentences relative to general goal areas and progress from previous semester.** Update section to include current/updated presenting concerns as reported by client or caregiver. Last sentence is number of semesters/terms seen at the Rees Clinic. **Update as necessary:**

- age
- diagnosis/es
- Reassessment dates and results, if any
- previous therapy/results (last semester, if applicable)
- medical or educational updates, if any
- current concerns
- # of semesters at CSUEB Rees Clinic

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

All information should be a current description. Description of client's interactions and general communication skills. Be sure to reference clinical observations of relevant behaviors from your baseline sessions 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 Final Status (past tense)

Terminal Objective # 1: (per TO/TS document)

Baseline (statement per TO/TS submission; add supportive description of errors, if needed)

Final Status: One brief sentence of status of goal. Provide the final data statement, with all variables included. Add 1-2 additional sentences addressing relevant treatment implementation, including specific interventions/approaches, beneficial instruction, specific elicitation strategies, EBP, session design, necessary reinforcement, etc. Keep this brief and relevant to client progress.

Terminal Objective #2 : (per TO/TS document)

Baseline (statement per TO/TS submission)

Final Status: (per above)

(continue this format for each TO)

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

Discuss any targets/goals of ongoing parent/caregiver training, with successes and challenges. Discuss Home Program, noting target skills and activities. Include observed or reported Caregiver response to training.

V. Present Status (present tense)

First paragraph (intro and functional description): Identifying information, DX, brief presentation of relevant assessment/therapeutic and medical history. Number of semesters at the CSUEB Rees Clinic. Consider a transitional statement, leading to the functional description. The *functional description* should describe the client as an overall communicator, referencing language (expressive and receptive, modalities, utterance length and types), speech behaviors (intelligibility, phonetic repertoire, processes etc.), pragmatics and cognitive domains (play, attention, self awareness). The organization should reflect prioritization and the need for

descriptive examples of relevant behaviors. Skills or areas that remain impaired should adequately reflect this, and any communication or cognitive skills that are typical, age expected or within functional limits should also be briefly noted. This paragraph should provide the reader with a sense of how the client communicates functionally, outside of your specific therapy activities. Note adequacy of hearing, and reference results of Hearing Screening or Oral Mechanism Screening, if remarkable.

Second paragraph: Provide 1 general, descriptive sentence about performance towards goals overall. In list format, provide specific description about status toward each individual goal (no data, but all other variables), followed by 1-2 sentences of remarkable, facilitative or interfering factors impacting performance, increases in self awareness, self correction, generalization, etc. Consider new information not presented in the Progress section. This should not be therapy specific.

Client demonstrated (limited, fair, very good, mixed) overall progress toward his (#) goals this semester.

1. Client (did not meet, almost met, met, exceeded) his goal of (XYZ, no criterion). Add 1 sentence which relates to functional display of skill, generalization, self awareness, etc. Avoid repeating content in the Progress section.
2. (per above)
3. (per above)

****Address each goal separately by numerical list.**

Third paragraph: Includes remaining, non prioritized history, noting additional services as applicable. End with the number of semesters at CSUEB Rees Clinic. Avoid redundancy from earlier sections. .

VI. Recommendations

Based on (description of progress, benefit from therapy or interfering factors), continued/(discharge from) therapy at the Rees Clinic is recommended with consideration of the following treatment areas:

Indicate treatment recommendations in numerical, prioritized list. Present recommendations as verb statements (e.g., continue, improve, decrease, eliminate, assess, reinforce, monitor, reassess).

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

Any non-therapy recommendations (e.g., school district assessment, social groups in the community) should be presented in a final paragraph.

