

# SPEECH THERAPY

## DAILY NOTE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME In: \_\_\_\_\_ Out: \_\_\_\_\_

### Subjective:

The child:

\_\_\_ reported feeling tired.

\_\_\_ reported feeling fine.

\_\_\_ was alert and cooperative during the session.

\_\_\_ seemed tired and uncooperative.

\_\_\_ was indisposed.

Parents/child report:

\_\_\_ being able to follow up with practice at home.

\_\_\_ being unable to practice therapy strategies at home.

\_\_\_ Other: \_\_\_\_\_

### Objective:

During the therapy session, the following goals/skills were targeted.

Goal	Performance	Cues required
1. _____ _____ _____	___ % Qualitative data: _____ _____	___ without cues ___ with visual cues ___ with guided questions ___ with phonetic cues ___ with tactile cues
2. _____ _____ _____	___ % Qualitative data: _____ _____	___ without cues ___ with visual cues ___ with guided questions ___ with phonetic cues ___ with tactile cues
3. _____ _____ _____	___ % Qualitative data: _____ _____	___ without cues ___ with visual cues ___ with guided questions ___ with phonetic cues ___ with tactile cues
4. _____ _____ _____	___ % Qualitative data: _____ _____	___ without cues ___ with visual cues ___ with guided questions ___ with phonetic cues ___ with tactile cues

### Assessment:

\_\_\_ The child was able to master the targeted goals.

\_\_\_ The following goals were mastered:

\_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4

\_\_\_ Is making progress towards the target goals.

\_\_\_ No change since the last session.

\_\_\_ The child was unable to respond.

\_\_\_ The child presented a regression on performance towards target goals.

### Plan:

During future sessions, we will:

\_\_\_ continue working on current goals

\_\_\_ initiate working on new goals

\_\_\_ no future sessions are required, it is recommended to D/C form services.

\_\_\_ Other: \_\_\_\_\_

Therapy Provider's Signature: \_\_\_\_\_ Supervisor's signature: \_\_\_\_\_