Alabama A&M University
Speech-Language-Hearing Clinic

Student Clinician:
Supervisor:
Semester/Date:

## Semester Summary

1. Identifying Information:
   - Full name
   - Date of Birth
   - Address
   - Telephone Number
   - Clinician
   - Comments:
   - Diagnosis
   - Number of Sessions Attended
   - Number of Sessions Absent
   - Supervisor

2. Results of Treatment (in paragraph form):
   - Each Long Term Goal- stated and addressed
   - Each Short Term Objective- stated and addressed
   - Methods and treatment materials utilized during therapy sessions- specifically stated (e.g. books, pictures, objects, worksheets, etc.)
   - Statement of Progress -number of goals mastered and to be updated are addressed
   - Statement of Progress-number of goals not mastered and to be continued are addressed

   There should be a measurable amount of progress noted from baseline procedures to the client's final performance in a given semester.
   - Comments:

3. Clinical Impressions (in paragraph form- addresses change and growth over time):
   - States baseline level of functioning (e.g. at beginning of semester/therapy)
   - States number of goals met , which goals were met and is criterion based (e.g. %)
   - States number of goals not met , which goals were not met and is criterion based (e.g. %)
   - States current level of functioning (with or without cues?, performed independently or with prompts?)
   - Comments:

4. Recommendations:
   - Based on DX results
   - States focus/direction treatment should take (goals were mastered and need to be updated? Goals were not mastered and need to be continued?)
   - States frequency of treatment recommended
   - Indicates any necessary follow up appointments