

Alabama A&M University Speech-Language-Hearing Clinic

Student Clinician:	
Supervisor:	
Semester/Date:	

Semester Summary

- 1. Identifying Information:
 - O Full name
 - O Date of BirthO Address
 - O Telephone Number
 - Clinician
 - O Comments:

- O Diagnosis
- O Number of Sessions Attended
- O Number of Sessions Absent
- O Supervisor
- 2. Results of Treatment (in paragraph form):
 - O Each Long Term Goal- stated and addressed
 - O Each Short Term Objective- stated and addressed
 - Methods and treatment materials utilized during therapy sessions- specifically stated (e.g. books, pictures, objects, worksheets, etc.)
 - O Statement of Progress -number of goals mastered and to be updated are addressed
 - $\boldsymbol{\upomega}$ 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.

- O Comments:
- 3. Clinical Impressions (in paragraph form- addresses change and growth over time):
 - O States baseline level of functioning (e.g. at beginning of semester/therapy)
 - O States number of goals met , which goals were met and is criterion based (e.g. %)
 - O States number of goals not met, which goals were not met and is criterion based (e.g. %)
 - O States current level of functioning (with or without cues?, performed independently or with prompts?)
 - O Comments:
- 4. Recommendations:
 - O Based on DX results
 - O States focus/direction treatment should take (goals were mastered and need to be updated? Goals were not mastered and need to be continued?)
 - O States frequency of treatment recommended
 - O Indicates any necessary follow up appointments