

Speech Therapy Session Notes

Student Name: _____ **District of Liability:** _____
Date of Birth: _____
IEP Goals/Objectives(s) – (either write out or indicate with a symbol): _____

Session Date: _____
 Start Time: _____
 Stop Time: _____
 Total Minutes: _____
Circle One: (G) Group (I) Individual
 **Evaluation Type: _____

Description of Activities	
	Fluency
	Language
	Articulation
	Drill & Practice
	Computer Base
	Voice Therapy
	Oral Motor Therapy
	Communication Board
	Other: _____

Student Observations:
 Met session objectives
 Good effort demonstrated throughout session
 Limited progress due to: _____
 Other: _____

Related IEP Obj: _____
 *Place of Service: _____
 ***Rationale: _____

Provider Initial: _____

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* Place of Service Key: 1 = School, 2 = Home, 9 = Other **Evaluation Type: 1=Fluency 2=Sound Production 3=Sound production; w/eval of language comprehension and/or expression
 4=Behavioral and qualitative analysis of voice and resonance 5=Language ***Rationale needed if exceed max time allowable
 Unless so noted, school was in session and the student was in attendance on all days recorded. I have edited this form to correctly reflect the services delivered on the above dates.

Signature: _____ **Date:** _____
Print Name: _____ **Credential:** _____
Supervisor's Signature (if applicable): _____ **Date:** _____ **Credential:** _____
 I supervised the above SLP and/or SLPA for the dates of service indicated.