

F-24 SPEECH LANGUAGE THERAPY REPORT
NICHOLAS CERTO SPEECH, LANGUAGE AND HEARING CLINIC

SAN FRANCISCO STATE UNIVERSITY
1600 HOLLOWAY AVENUE, BH 114
SAN FRANCISCO, CA 94132
PHONE: 415.338.1001
FAX: 415.338.0916

FILE NUMBER:

BY: _____
(Type Name)
STUDENT CLINICIAN

(Type Name)
CLINIC SUPERVISOR

DATE OF REPORT:

DATES OF SERVICE: *List all of the dates you provided service*

I. Background Information

Start by describing the child and the family in positive, descriptive terms. Paint a picture of the child's personality, interests, strengths. Use plain English.

Describe what the parents' goals were in referring their child to the clinic. Describe briefly what this clinic is.

Give the child's developmental and medical background as it pertains to this clinic. Again, use plain English. No need to go into medical aspects that are not relevant to communication development.

What are the current services that the child is receiving at school and beyond? Check the child's IEP. List his/her speech-language therapy goals if you have them.

If the child has been seen in the clinic in previous semesters, give an overview of where they left off. This gives the necessary background for why you picked up where you did and why.

II. Current Semester's Assessment

Were there additional assessments that you conducted prior to starting or during your therapy? What were the findings and how did those findings inform your therapy?

III. Current Semester Intervention Goals and Progress

Long-term Goal 1:

Short-term Objective 1.1:

Short-term Objective 1.x:

*Why this goal was targeted:
The teaching strategies used to meet this goal:*

Progress since start of the semester:

Long-term Goal 2:

Short-term Objective 2.1:

Short-term Objective 2.x:

Why this goal was targeted:

The teaching strategies used to meet this goal:

Progress since start of the semester:

IV. Summary

Boil it down to the essentials. What are the key points from your work with the child this semester? This should be a strong lead-in for your recommendations.

V. Recommendations

Given what you've concluded above, what are your recommendations for the child, family, and if appropriate, the next clinician moving forward.

If you have any questions or comments about this report, please feel free to contact me, *name*, or my clinical supervisor, *name*, at (415) 338-1001 or slhsinfo@sfsu.edu.