Date:

Communicative Sciences & Disorders Clinic

Initial/Updated Therapy Plan Critique:

CLINICIANS SUPERVISO					
0	The report was late by day(s), andpoints have been deducted.				
THIS REPORT	IS RETURNED, UNREAD BY THE SUPERVISOR BECAUSE:				
0	The supervisor cannot tell who the writer of the lesson plan/SOAP, please list the writer a bold font and return with this page.				
0	There is no header information listed: Ctos initials: Week of: Page of				
0	Header dates are not consistent.				
0	Student clinicians did not make all of the revisions as recommended by the supervisor.				
0	The original lesson plan/SOAP note is not accompanied with the revised plan/note.				
0	Other:				
•••					
0	Add the following information to your report:				
0	Long term goals are not measurable and objective. Performance - based long term goals are preferred. Re assessment . based long term goals will be accepted. :				
0	Short term goals are not measurable, objective and performance based. Short term goals must be performance - based.				
0	Long and/or Short term goals are not numbered properly. Previously met long term goals:short term goals:				
	snort term goals: The goals listed above should be listed as met on the UTP with the date the goals was met for the 3 rd consecutive session along with the achieved percentage level.				

Initial/Updated Therapy Plan Critique	Clinician(s)/Client:	/	Date:	Page 2 of 2		
	Before turning in documents, check for spelling and editing errors; is the objective date lined up? Is the clients name spelled correctly? Is header information present? :					
 Reports are not signed in the properties. 	er format:					
Your name. B.A. or B.S. Graduate Student Clinician						
Clinical Supervisors name <fi M.A., or M.S., CCC-SLP/L Clinical Supervisor</fi 	nd out exactly how your supervisor	writes her nan	ne.			
o This is a faxed report. The original	report must be re-submitted to the	supervisor for	signature before i	t can be filed in the chart.		