Communicative Sciences & Disorders Clinic

Initial/Updated Therapy Plan Critique: Date:									
CLINICIANS SUPERVISO		Week of:	POINTS:	/10					
0	The report was late by da	y(s), andpoints h	ave been deducted.						
THIS REPORT	IS RETURNED, UNREAD B	Y THE SUPERVISOR	R BECAUSE:						
0	The supervisor cannot tell w	no the writer of the les	sson plan/SOAP, ple	ase list the w	riters name in a bold font and return w	vith this page.			
0	There is no header informati	on listed: Ctos initia	als: Week of:	_ Page of	<u>_</u> ·				
0	Header dates are not consist	ent.							
0	Student clinicians did not ma	ke all of the revisions	s as recommended by	y the supervis	sor.				
0	The original lesson plan/SO/	AP note is not accomp	panied with the revise	ed plan/note.					
0	Other:								
0	Add the following information	to your report:							
0	Long term goals are not mea	•			goals are preferred. Re assessment .	based long term goals wi			
0	Short term goals are not mea	asurable, objective ar	nd performance base	d. Short term	goals must be performance - based.				
0	Long and/or Short term goal short term goals:	s are not numbered p	roperly. Review prev	iously met: _	long term goals:	and/or			
			the UTP (and lessor	n plans) with t	the date the goals was met for the 3 rd c	onsecutive session			

Initial/Upda	ted Therapy Plan Critique	Clinician(s)/Client(s):	Page 2 of 2					
0	 Before turning in documents, check for spelling and editing errors; Is the objective data lined up? Is the client name spelled corr information present?: 							
0	o Reports are not signed in the proper format:							
	our name. B.A. or B.S. raduate Student Clinician							
M.	inical Supervisors name <fi .A., or M.S., CCC-SLP/L inical Supervisor</fi 	nd out exactly how your supervisor write	es her name.					
0	This is a faxed report. The original	report must be re-submitted to the supe	rvisor for signature before it can be filed in the chart.					
	Other Comments:							