



Alabama A & M University

# Speech-Language-Hearing Clinic PARENT CONFERENCE PLAN

CLIENT: \_\_\_\_\_ CLINICIAN: \_\_\_\_\_

PROBLEM: \_\_\_\_\_ DATE: \_\_\_\_\_

QUESTIONS TO BE ASKED	REASON
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

TEST RESULTS	EXPLANATION OF TEST RESULTS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

SUGGESTED GOALS/FOLLOW-UP	REASON
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.



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# Speech-Language-Hearing Clinic PARENT CONFERENCE EVALUATION

CLIENT: \_\_\_\_\_ CLINICIAN: \_\_\_\_\_

PARENT(S): \_\_\_\_\_ DATE: \_\_\_\_\_

PURPOSE: To evaluate clinician's proficiency in interviewing or conducting parent conferences.

KEY: COMPETENCY: 1-Excellent 2-Good 3-Adequate 4-Needs Improvement 5-Unsatisfactory  
IMPROVEMENT: 1-Excellent 2-Adequate 3-Minimal

BEHAVIOR OBSERVED:

COMPETENCY: IMPROVEMENT:

1. Appropriateness of client/parent conference	_____	_____
a. Frequency of conferences	_____	_____
b. Meaningful content of conference	_____	_____
2. Establishment of home assignment	_____	_____
a. Activity type	_____	_____
b. Instruction	_____	_____
c. Timing of initiation/frequency	_____	_____
3. Use of professional terminology	_____	_____
4. Ability to obtain relevant data	_____	_____
5. Ability to present relevant information	_____	_____
a. Amount	_____	_____
b. Type	_____	_____
c. Level: clear, concise manner	_____	_____
d. Bases questions/statements on client's response	_____	_____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ CLINICIAN: \_\_\_\_\_