Speech-Language Services
Service Plan

NAME:	**DOB:**	**AGE:** 4
If applicable **SCHOOL:** N/A	**TEACHER:** N/A	**GRADE:** N/A
REPORT DATE:		

ACTIONS:

Intervention with: ☒ Speech-Language Pathologist

☐ Speech-Language/Educational Assistant (under supervision of SLP)

Session day(s): Wednesday   Session time: 11:00am

Intervention Block: April-June 2012

Type of Intervention: ☒ Individual   ☐ Group   ☐ Consultation

TREATMENT GOALS:

The following goals will be targeted during this treatment block:

1. *X will spontaneously produce /s/ blends (i.e.,/sp/,/sk/,/st/), in initial position, in sentences, with 80% accuracy across two sessions.*
2. *X will spontaneously use personal pronouns (i.e., he/she/they) in sentences with 80% accuracy across two sessions (e.g., "He is running" rather than "Him's running")*
3. *X will spontaneously produce /l/ in initial word positions in sentences (e.g.,I live in a big house), with 80% accuracy across two sessions.*

X will need to regularly attend the scheduled sessions for progress to occur. Your support also plays an important role in your his progress. Materials for practice may be sent home periodically. If you could work with X to complete these practice exercises at home, it would be of great benefit for him. This will help him transfer the speech and/or language skills he is learning in therapy into his everyday conversation.

X will be discharged from treatment if:
▪ **Treatment goals are achieved**
▪ **There has been minimal progress in X's goals during the treatment block**
▪ **80% attendance is not maintained**
▪ **Failure to attend 2 scheduled appointments without cancellation**
▪ **Home assignments are not completed and/or returned as agreed upon**
▪ **Treatment services are being provided by another agency**
▪ **We receive a referral for an individual who has urgent therapy needs.**

If you have any questions, please contact me at the Whitecourt Community Health Services office at (780) 706-3527, ext. 223.

_____   _____   _____
Angèle Fournier   Cheryl Baranitsky, R.SLP   Parent/Guardian
Student Speech-Language Pathologist   Registered Speech-Language Pathologist

Original: Client file   Cc: ☒ Client/Parent/Guardian   ☒ School-Cumulative File   ☒ Other: Teacher