CALIFORNIA STATE UNIVERSITY, EAST BAY
DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES
NORMA S. AND RAY R. REES SPEECH, LANGUAGE AND HEARING CLINIC

Semester Treatment Plan
(semester, year)

Client: **Age:**
Date of Birth   **Supervisor:**
Student Clinician:

                                               (XX sessions this semester)
                                               (XX cancellations)

I. History and Presenting Concerns *(past tense)*

Client information to include age, diagnosis, relevant medical and/or developmental histories, and any relevant prior assessment history. **No need to revise presentation of history from prior STS if it remains current and correct.** Include current/updated presenting concerns from reported by client or caregiver. Last sentence is number of semesters/terms seen at the Rees Clinic. **Update as necessary:**

- age
- diagnosis/es
- Reassessment dates and results, if any
- previous therapy/results (last semester, if applicable)
- medical or educational updates, if any
- current concerns
- # of semesters at CSUEB Rees Clinic

II. General Behavior Description *(beginning of the semester) (past tense)*

All information should be a current description. Description of client's interactions and general communication skills. Be sure to reference clinical observations of relevant behaviors that support each area of baseline and its related treatment objective. These observations are what justify your decision to complete informal assessment for your TO areas. Provide a few examples of spontaneous behaviors that accurately reflect communication concerns, including relevant examples of spontaneous speech and any notable interfering factors. As appropriate, discuss use of communication strategies, self-awareness, self-correction and attention. Note observable communication strengths.

Terminal Objective #1 (TOs/TSs may be integrated from your TO/TS document)

Baseline:

Terminal Objective #2

Baseline:

Terminal Objective #3

Baseline: