

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

Confidential

DIAGNOSTIC PLAN FORMAT

NAME: First Last (Initials Only*) EXAMINER(S):
AGE: (Years – Months) INFORMANT(S): (Name and relationship)
BIRTH DATE: Month-Day-Year NATURE OF DISORDER:
DATE OF EXAMINATION: Mo-Day-Yr SUPERVISOR: First Last, Degree, CCC-SLP

I. STATEMENT OF PROBLEM

State the initials* only of the client, age, date, and name of individual or agency making the referral. Note any previous evaluations or relevant medical problems. Provide a statement of the problem in the words of the client or informant and indicate the type of service requested. Include purpose of the evaluation or re-evaluation. This section is usually 1-2 paragraphs highlighting major, pertinent background information that informed your planning, realizing that this may be sparse if only information available is application.

II. PLAN

Insert a numerical list of all activities, tests and procedures to be included in the evaluation, along with the time (in minutes) allocated to each. Consider dynamic assessment measures as appropriate. The order may vary based on the needs of the individual client. All evaluations routinely include client or informant interview, hearing screening, oral exam, consulting time (15 minutes), and exit interview (15 minutes). (However, these components may be different for a telepractice evaluation in which screenings are eliminated or modified in the case of an oral mechanism.) During planning meeting the supervisor may suggest re-ordering to maximize client performance or efficiency of process. Indicate which clinician is responsible for each procedure. Total time is generally 90-120 minutes and should not exceed 150 minutes, even for the most complex cases, in which a follow up appointment may be necessary. Often, in telepractice, a follow-up appointment works best.

Event

Time Allocated

Include data about statistical validity and reliability. For required procedures, simply indicate “routine clinic procedure”.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

IV. INTERVIEW QUESTIONS

Using the broad headings of communication, medical, academic, social, etc., list proposed interview questions. Begin with a general, all purpose question then list possible specifics as bullet points so that the interview will include fewer questions and instead, be more of a conversational exchange. Questions should flow naturally and do not necessarily need to be asked in the order listed. The interview should result in new or clarified information and should not seek information that is already known from the application or background information (e.g., medical records, IEP, prior evaluations or treatment notes) available to the clinician. Remember that active listening should guide interview and is required to ensure all necessary information is obtained.

V. ETHICS ISSUES

Indicate possible ethics issues or questions (e.g., appropriate referrals, collaboration with other personnel, intervention practices, prognostic factors, scope of practice, privacy protection) in regards to this specific case for discussion in planning meeting and/or staffing. As appropriate, the exit interview, letter and/or Dx report will include these issues as they affect case disposition and specific recommendations.