

ALIFORNIA 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:
Date of Birth
Student Clinician

Age:
Supervisor:

(XX sessions this semester)
(XX cancellations)

I. History and Presenting Concerns (a e e)

Client information 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; remains current and correct.** Include current/updated presenting concerns from reported client history. Last session is number of sessions at the Rees Clinic. Update as follows:

a
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c
#

and student /
ults (last session if applicable)
al update
JEB see

Baseline:

Terminal Objective #3

Baseline: