

**F-24: SPEECH/LANGUAGE THERAPY REPORT**

**SAN FRANCISCO STATE UNIVERSITY**  
1600 HOLLOWAY AVENUE, BH 114  
SAN FRANCISCO, CA 94132  
PHONE: 415.338.1001  
FAX: 415.338.0916

NAME: *CLIENT NAME*  
BIRTHDATE: *CLIENT D.O.B.*  
TELEPHONE: *CLIENT PHONE #*  
ADDRESS: *CLIENT ADDRESS*  
*CITY, STATE ZIP*  
FATHER: *NAME*  
MOTHER: *NAME*  
SCHOOL/GRADE: *if client is child) or*  
WORK: *if client is adult)*  
REFERRAL:

**SPEECH/LANGUAGE THERAPY REPORT**

BY: \_\_\_\_\_  
STUDENT CLINICIAN

\_\_\_\_\_  
CLINIC SUPERVISOR

DATE OF REPORT: \_\_\_\_\_

- I. BACKGROUND INFORMATION  
[Current/refer to previous report date]
- II. CURRENT SEMESTER'S ASSESSMENT  
The following assessment procedures were administered:
  - A. Pretesting
  - B. Posttesting
- III. INTERVENTION GOALS AND PROGRESS
- IV. IMPRESSIONS
- V. RECOMMENDATIONS

**NOTE:**

- Please type reports in the above format and adhere to standard outline form.
- The report should be single-spaced. Number all but the first page.
- Provide lines for signatures of supervisor and student clinician.
- For sample reports, please see your clinic supervisor for recommendations/examples.
- Previous reports may not be in the required format (as shown above).
- Do not use the terms "able" or "unable." Either the client did or did not do something.
- Grammar: Do not "tense shift."