**Sir Alexander Ewing-Ithaca College Speech and Hearing Clinic**

**Ithaca College, Ithaca, New York 14850**

**Treatment Plan**

**\*All of the below information should be omitted with the exception of the client’s initials, supervisor’s name, the clinician’s name, the date of the plan, and the diagnosis, and ICD 10 code.\***

Name: Insert initials Date of Plan: Insert date

Address: Date of Birth:

Phone: Age:

Parents: Diagnosis: Insert diagnosis

Supervisor: Insert name ICD 10 Code: Insert code Clinician: Insert name

Statement of Need (statement of speech/language problem)

Summary of Therapy History

Current Level of Performance

Long-Term Goals (Optional based on nature of disorder)

Short-Term Objectives and Rationales (Semester Length)

1.

Rationale:

2.

Rationale:

3.

Rationale:

Student Clinician Clinical Supervisor

Signature of Patient or Guardian Date

(Parent or guardian if client is under 18)

References (optional)