Speech Therapy Progress Report

Patient Name:	**Date of Birth:**
Progress report date:	**Therapist:**
Treatment plan start date:	**# of sessions completed:**

Long term goal 1:

Short term objectives	Achieved	In Progress	Other

Notes:

Long term goal 2:

Short term objectives	Achieved	In Progress	Other

Notes:

Long term goal 3:

Short term objectives	Achieved	In Progress	Other

Notes:

Next steps:

__ Continue with treatment plan as originally developed

__ Amend treatment plan: _____

Dismiss patient as treatment goals have been achieved

Therapist Name: _____ Signature: _____