

ANDREWS UNIVERSITY SPEECH & HEARING CLINIC

SPEECH-LANGUAGE PATHOLOGY DAILY THERPY PLAN

Client's initials: _____ Client Age: _____ Impairment: _____

Planned Date of Service: _____ Student Clinician: _____ Supervisor: _____

Long Term Goal(s): _____

Objective and Sub Goal Number	Remediation Procedures	Material Needed	Data Collection Method

Supervisor's Signature: _____ ASHA Lic# _____ Approved: YES ☐ NO ☐