



SPPA270 – Preclinical Participation

Report: Speech-Language Pathology Therapy Session

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Time (total): \_\_\_\_\_

Clinician: \_\_\_\_\_ Client Age: \_\_\_\_\_

Disorder/Background Information: \_\_\_\_\_

**Clinician Information:**

a) Objectives for session:

b) Materials used:

c) Activities and antecedent events (minimum of 5):

d) Contingent events for both desirable and undesirable behavior (minimum of 5):

e) Data Collections/results of session:

**Client information**

a) Responses to antecedent events:

b) Responses to contingent events:

**What I Learned:**