

**Treatment Plan**

(Based on the most recent assessment \_\_\_ / \_\_\_ / \_\_\_)

Client Name \_\_\_\_\_ Age \_\_\_\_\_

File # \_\_\_\_\_ Date \_\_\_\_\_

Clinician \_\_\_\_\_ Supervisor \_\_\_\_\_

Areas to be included:

- |                                       |  |
|---------------------------------------|--|
| _____ Articulation                    | _____ Receptive and Expressive Language  |
| _____ Voice and resonance             | _____ Fluency                            |
| _____ Swallowing                      | _____ Hearing                            |
| _____ Communication Modalities        | _____ Cognitive Aspects of Communication |
| _____ Social Aspects of Communication |  |

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1. Long Term Goal:

A. Short Term Goal:

B. Short Term Goal:

C. (Etc.)

2. Long Term Goal:

A. Short Term Goal

B. Short Term Goal

C. (Etc.)