

## **Report Writing**

Preparation of numerous reports by clinicians is required throughout the semester, (e.g., speech-language diagnostic reports, semester progress reports (SPR), letters, treatment plans, etc.). Therefore, development of efficient report writing skills is essential. Numerous handouts are prepared and distributed to clinicians to facilitate emergence of professional report writing ability. Materials obtained from workshops and research is made available to students as needed. Students are encouraged to refer to helpful resources to facilitate writing skill improvement. Refer to APA style and report writing documents on handbook website.

## **Semester Progress Reports**

Semester Progress reports are written on every patient seen for therapy in the LU clinic regardless of the number of sessions attended during the semester. The purpose of the report is to record pertinent information regarding the patient's disorder type and characteristics, therapy goals, degree of progress achieved, and future treatment recommendations. These reports also serve as useful guides for clinicians when outlining therapy goals in future semesters. In addition a copy of this report may be sent to or requested by outside agencies.

Goals for each client are due two weeks after the first day of the client's therapy. By mid-term (or midway through the client's treatment for the semester) the first half of the Semester Progress Report is prepared (including all information through Semester Objectives) in rough draft by the clinician and submitted to the supervisor for correction (check with your supervisor for preferred mode of submission – email or mailbox). Some supervisors may require an addendum page to be attached to the Semester Progress Report that lists specific information not covered in the formal report (e.g., stimulus practice material utilized with the patient including: target phonemes, drill words, vocabulary items, sentence structure patterns, etc.). Statements regarding effective motivational activities and reinforcers are also to be indicated on the addendum. The supervisor indicates corrections and suggestions and a corrected copy is then prepared by the clinician. The clinician then submits the corrected copy. PRINT TWO COPIES ON LETTERHEAD. When the supervisor judges the final report complete and accurate, obtain signatures of both the clinician and supervisor. The completed and signed reports are given to the Clinic Secretary who mails one copy to client/parent and places the other copy in the client's file.

*On occasion, within the semester, a clinician may undergo schedule changes affecting client caseload. In this instance, the initially assigned clinician submits the first half of the progress report to the supervisor.*

Below is a guide for formatting the Semester Progress Report:

## SEMESTER PROGRESS REPORT

Client: Disorder & ICD9 Code:  
D.O.B.: Etiology:  
C.A.: Initial Evaluation Date:  
Address: Initial Therapy Date:  
Phone: Current Semester & Year:  
Therapy scheduled:  
Parents/Caregivers: Total days present:  
Clinician: Total days absent:

### Background information

- Use paragraph form
- State client's name and exact age in yrs/months
- State referral source to Lamar U. Speech & Hearing Clinic
- State original diagnosis to include severity and date
- Report pertinent patient history to date
  - *Anthony Taylor is a 3-year-old boy with a speech delay. His mother reported that he has PE tubes in his ears, however, due to thickness of fluid in the ear, tubes are ineffective. Additionally, his hearing has been tested, and revealed that he is not hearing below 40 decibels. He had surgery at the beginning of summer 2010 to remove his adenoids. At this time, fluid was drained from the middle ear that was contributing to conductive hearing loss. His speech has mostly been unintelligible. He received a speech and language evaluation in February 2010 at Houston Elementary School and began receiving speech therapy during the summer semester of the same year at the Lamar University Speech and Hearing Clinic.*

### Beginning of Semester Status

- Diagnostics Completed this semester, prior to treatment: Date
- List all tests administered and include hearing screens
- Write out full name of test and include common abbreviations in parentheses (ex: GFTA-2)
- Description of speech and language characteristics including any diagnostic results and interpretations, prior to treatment this semester, may be done in table or narrative format
- Description of behavioral characteristics at the beginning of the semester, summarize general behavior, including attention span, level of structure needed, motivation, beneficial reinforcement and re-directions
  - *Anthony appeared shy and reluctant to go back to therapy room with clinician. He would normally cry for the first 5 minutes of the session. His mother reported that he associated speech therapy with his ear surgery. He exhibits persistence and determination to produce the target sounds throughout the session. At times he is difficult to understand out of context. His phonetic inventory did not include the sounds s, sh, f, v, l, r, and th. Speech errors observed included consonant deletion and cluster reduction.*

### Long Term Goal(s):

- This is the broad, overall goal (ex: produce developmentally appropriate articulation and language skills)
  - *Anthony will demonstrate age appropriate articulation skills*

### Short Term Goals:

- Short-term goals MUST be measurable (refer to goal writing document on LU clinic website)
- Include baseline measures (% accuracy)
- Report procedures used
- When reporting procedures and results, include a general description of the therapy program to include clinical methods, successful, and unsuccessful techniques
- Report results with level achieved (% accuracy)

*Anthony will increase his phonetic inventory to include initial /s, /, f, v/ sounds as measured through a biweekly speech sample.*

- *Baseline: Phonetic inventory did not include /s, /, f, v, l, r, θ, /*
- *Procedure: Anthony will increase his phonetic inventory through drill with pictures, storybooks, activities, and visual, verbal, and tactile cues.*
- *Results: Phonetic inventory increased to include initial /s, // with minimal cueing*

*Anthony will decrease /s/ cluster reduction to 60% occurrence in CCVC words.*

- *Baseline: 100% occurrence*
- *Procedure: Visual and tactile cues will be used to facilitate production of /s/ clusters in storybook, crafts, activities, and drill.*
- *Results: 20% occurrence with tactile cueing only*

*Anthony will produce final consonants in CVC words with 90% accuracy with minimal cueing.*

- *Baseline: 0% accuracy*
- *Procedure: Visual and tactile cues will be used to facilitate production of final consonants in storybook, crafts, activities, and drill.*
- *Results: 80% accuracy with minimal cueing*

### **End of Semester Summary**

- List and report any formal testing administered at the end of the semester
- Compared to start of therapy, how are their speech/language/behavioral characteristics different?
- State the current diagnosis and compare it with the original diagnosis
- State the current severity of the problem(s)
- State prognosis for further improvement, if indicated, and support for this prognosis
- Report anything not already mentioned in the results section per goal
- Overall, how has the patient improved?
- Include other related information such as results of a referral to audio or psych, or significant attendance issues, or observation of pt. in another environment (school), family involvement (observation/homework, etc.)
  - *Anthony's treatment was designed to help him increase his phonetic inventory and reduced phonological errors. Visual, tactile, and verbal cues helped Anthony produce the target sounds. He showed improvement in speech sound production by only requiring minimal cueing. Verbal cues seem to yield the most change (e.g., "use your good /s/ sound" or "use your arm"). Additionally, Anthony demonstrated the most change when applying the method of over exaggerating correct speech sound productions. He demonstrated acquisition of newly learned sounds by generalizing the newly learned sounds to other environments. Overall he enjoyed matching games and high-energy activities. Occasional redirections and schedule flexibility were required to keep Anthony on task.*

### **Recommendations**

- Indicate whether therapy should be continued or terminated
- State recommended frequency of therapy
- State whether the patient should be re-evaluated
- State objectives for next semester, when applicable
- Be specific, rather than vague on recommended goals
- Use list format for recommendations
- Statement indicating that the recommendations were shared with pt/family and agreement secured
  - *It is recommended that Anthony continue to receive speech therapy at Lamar University Speech and Hearing Clinic, two times per week for 55-minute sessions in Fall 2010. Therapy should consist of:*
    - *Generalizing initial /s, /j/ and s-cluster productions to spontaneous speech*
    - *Increasing initial /f, v/ production*
    - *Generalization of final consonant production in CVC words through the use of maximal opposition contrast words in facilitated play*

### **Disposition**

- \_\_\_\_\_ Patient is recommended for additional therapy.
- \_\_\_\_\_ Patient is dismissed as sufficiently improved.
- \_\_\_\_\_ Patient is discharged from therapy due to ...

\_\_\_\_\_  
Clinician's name, degree  
Graduate Clinician

\_\_\_\_\_  
Supervisor's name, degree, CCC-SLP  
Speech-Language Pathologist

### **General Report Information for Semester Progress Report:**

#### **Rough Drafts**

- Double-space all information to allow for editing
- Underline and bold all major headings,
- Addendum (therapy stimulus items, word lists, behavioral support, etc.)
- PROOFREAD ALL DRAFTS, use spell check and grammar check!
- Use 3rd person only
- Put patient name and page number in upper right hand corner of pages 2 thru end of report (Ex: John Doe, Page 2 or 6)

#### **Final Drafts**

- Double space before and after each heading
- Single space all text/narrative
- PROOFREAD! You are responsible for proofreading your final copy. Use spell check and grammar check.
- Fill in all phonemes using phonetic symbols and use black ink for signatures.
- Once approved, all final drafts are printed on LU letterhead in duplicate and submitted for signatures. Once signed, place one copy in patient file and have clinic secretary mail one to family.