



# EVALUATION & RE-EVALUATION CHECKLIST

UPDATED: FEB 2020



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## VISIT INFORMATION

**Type of Visit:** Select Evaluation or Re-Evaluation depending type of visit being completed

**Reason for Therapy Referral: (Examples)**

- "Pt. was referred for an initial evaluation due to ....."
- "A comprehensive Speech/Occupational/Physical evaluation was requested, to determine the 1) nature, severity and duration of a \_\_\_\_\_ impairment; and 2) functional limitations related to the \_\_\_\_\_ impairment.
- "The purpose of this re-evaluation is to identify {patient name}'s strengths and weaknesses in the area of \_\_\_\_\_ in order to determine if continuation of services is warranted"

**Referral Source:** Who referred the patient?

## PATIENT INFORMATION

**Start of Care Date:** DO NOT CHANGE

**Social Security #:** If unknown, check "Unknown or Not Applicable"

**Family Members:** Include names and check "Lives in Home," if applicable.

**Ability to Communicate:** Patients MUST be tested in their dominant language.

**Background Information/Medical History:** A brief statement of the patient's medical history, including onset date of the illness, injury, or exacerbation that requires the therapy services, any prior therapy treatment, and language exposure

- **Click the "Template" button and select "Medical History" to use this template**
  - Living in the home: mother, father, and older brother (6 years old)
  - Provider of case history: mom
  - Primary language spoken in the home: \_\_\_\_\_ (only language spoke at home)
  - Percentage of English vs. Other languages: 90% English / 10% Spanish
  - Language spoken most frequently by siblings: \_\_\_\_\_
  - In what language does the patient watch tv? \_\_\_\_\_
  - In what language are the patient's words spoken? \_\_\_\_\_
  - Was translator used: no
  - Developmental milestones: wnl with exception of speech/language
  - Reasons for evaluation: \_\_\_\_\_
  - Prenatal history: \_\_\_\_\_
  - Birth history: (vaginal/c-section, weight, complications, etc.)
  - Pertinent medical history: no concerns
  - Attending school: yes/no + name of school and grade if applicable
  - History of prior therapy received: \_\_\_\_\_
- **Date Last Seen By Physician: Must be completed for insurance purposes**

**Patient/Caregiver Goals: Must include at least 1 specific activity or instruction for the caregiver**



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## ICD-10

The first code must be related with the services provided.

### PT & OT ASSESSMENTS ONLY

**Physical Assessment:** Include a brief description in each section. All sections must be completed.

### SPEECH THERAPY ASSESSMENTS ONLY

**Language evaluations:** should include oral-mechanism examination and objective assessment of hearing, speech production, voice, and fluency skills

**Speech production:** should include objective assessment of language skills, hearing, voice, and fluency skills

**Oral motor/swallowing/feeding** - if swallowing/feeding problems and/or signs of aspiration are noted as a concern, then a complete objective, clinical-bedside swallow evaluation is expected, as per ASHA standards for both pediatric and adult dysphagia. The member's language, speech, hearing, voice and fluency skills need to be addressed in the assessment via a screen or objective testing.

**Sensory:** Auditory Perception- check the boxes that apply.

### BILINGUAL ASSESSMENT AND TREATMENT NOTES

- The member's language knowledge/exposure must be established through a thorough case history and relevant caregiver interview. The documentation must include all of the following that apply:
  - home language(s)
  - school/daycare/community language(s) of instruction/exposure
- If the child is exposed to more than one language, an appropriate bilingual assessment of speech and language abilities should be performed.
- If no standardized tool is available, then results should be reported using appropriate objective assessment methods. Examples may include criterion-referenced tests, probes, language samples, dynamic assessment, or MLU, etc. in order to differentiate a language disorder versus a language difference as well as the severity of that disorder, should it be identified.
- If a standardized bilingual language test is utilized as part of the objective assessment, documentation of its type of administration must be stated for either dual language administration or monolingual administration use only.



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## ASSESSMENTS

Pertinent physical assessment including a description of the member's current deficits and their severity level documented using **objective data**. Documentation **may** include current standardized assessment scores, age equivalents, percentage of functional delay, criterion-referenced scores **or** other objective information as appropriate for the member's condition or impairment.

- If the patient is unable to complete a standardized test, please include a reason.
  - Include information to support medical necessity for treatment such as: observations, checklists, & developmental milestones.
- If an area cannot be tested, please include a reason in the comments box for that page.
  - Examples: no concern, due to limited verbalizations, etc

**Test:** Select the appropriate test from the dropdown menu and complete all available/appropriate fields.

- **ST-STANDARD SCORES > 77 / >78 OR > 6 / > 7 WILL BE DENIED**
- If the patient does not exhibit an increase in scores, provide an explanation in Conclusions/Comments box
  - Example available via TEMPLATE button: "Although scores do not reflect progress from previous evaluation, pt. is making steady progress as noted in daily treatment notes. As his/her chronological age increases, the testing demands also increase which is why his/her test scores have lowered and why it may appear he/she has had a decline in function."

**Display Previous Test Scores on Print Out? YES**

- **We must display the current and previous test scores for comparison for the insurances.**
  - If a different test was utilized, provide (medical) explanation as to why.

**List Patient's Strengths & Weaknesses/Deficits MUST BE COMPLETED (medical necessity-reason for therapy)**

**Assistance Devices:** Check the box(es) that apply

**Care of Supplies:** **Check both boxes (cleaned at beginning and at end of visit)**

**Comments:**

- "IF HE/SHE DOES NOT RECEIVE THESE SERVICES, THEN HE/SHE IS AT SIGNIFICANT RISK FOR CONTINUED DELAY IN DEVELOPMENT OF \_\_\_\_\_ FURTHER LIMITING HIS/HER ABILITY TO \_\_\_\_\_"



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## THErapy PLAN OF CARE

**Modalities:** Check all boxes that apply.

- Always select “Parent/Caregiver Education” from third column.

**Frequency and Duration**

- Only use weekly frequencies
  - Eval: “1x/week or 2x/week”
  - Re-Eval: “1x/week for 6 months or 2x/week for 6 months”.

**VO Date:** Do not complete – leave blank

**Long-Term Goals:** Include (1-2) measurable goals that can be completed within 1 year.

- To be listed in Long-Term goal field on Therapy Plan of Care page (MEASURABLE GOALS)
  - EX: “PATIENT WILL \_\_\_\_\_ OVER FOUR CONSECUTIVE SESSIONS, WITH 40% ACCURACY WITHIN 6 MONTHS. BASELINE: 10%.”
- Include a Long-Term goal for parents (**REQUIRED**).
  - Ex: “Parent/cg will be independent with Home Program within 6 months.”

**Short-Term Goals:** Include (5-6) Specific, Measurable, Attainable, Realistic, and Time Frame (S.M.A.R.T format) goals within a **3-6 month period**, and include a **BASELINE for each goal**.

*As the treating therapist has set the goals for a specified time period, it would be expected that all goals would be met within the specified time frame. If any goals are unmet, it is the treating therapist’s responsibility to objectively describe specific barriers to progress that were encountered and appropriate modifications to the treatment plan in order to meet the member’s needs. For all unmet treatment goals, baseline and current status should be reported with the same terms and variables as the targeted treatment goal.*

- **DO NOT WRITE ACADEMIC GOALS.** See How to Write S.M.A.R.T. Goals at the end of this document.
- One skill in one environment: Goals with more than one skill are not measurable or specific.
- The specific component of the goal may not be general/broad, such as, “all age appropriate consonants” or “wants and needs” but rather put into a specific context for the member.
- Goals that target skills in multiple environments (e.g. words/phrase/sentences) are not specific and therefore are not measurable.
- Use appropriate % accuracy: Pt needs to complete the % accuracy established during the auth period.
  - Percent accuracy can be increased every re-evaluation.
- **Incorrect Goal:** “Pt. will improve \_\_\_\_ skill by \_\_\_\_\_ with \_\_\_\_ cues over \_\_\_\_ therapy session with 90% accuracy (high % accuracy to be completed during auth period). Baseline: 5%

**Additional Comments to Include on Evaluation:**

- Click on magnifying glass and select “Required for all plan of care” and click “Submit.”



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## ADDITIONAL

Check the boxes to “Create Auth Request Form”

**Has the child received therapy in the last year from the public-school system?** Yes or No

**Date of Onset:** (Admission’s Date)

**Therapy Procedure Codes:**

- **ST** (92507 and S9152)
- **PT** (97161, 97162, 97163)/(Re-Evaluation 97164)
- **OT** (97165, 97166, 97167)/(Re-Evaluation 97168)

**Check the box “Create CCP Outpatient Form”**

- **Condition:** **CHRONIC** (if patient is expected to need therapy for greater than 6 months)
- **Prescribing Physician:** Click on the magnifying glass and choose the physician (from Patient Information page)
- **Enter Last MD Visit Date** (from Patient Information page)
- **Place of service:** Home
- ST/OT/PT requested for CCP
  - 1 visits per week = 26 visits or 104 units
  - 2 visits per week = 52 visits or 208 units
  - 3 visits per week = 78 visits or 312 units
- **Check the Box “We Agree to the Following Statement.”**

**Additional Comments to Include on Evaluation:**

- Include previous Goals and progress (Re-Evaluations)
  - You can copy/paste the previous goal by clicking on “Medical Record” then selecting the last note and copy/paste the goals in the report.
  - Include Baseline & Progress toward all unmet goals (add reason/barriers why goals were not mastered during auth period).
  - If goals are met, list and indicate which goals were met.
- Include member’s attendance for certification period and explanation of missed visits.
  - Can be stated: The member’s attendance for certification period (**List previous auth period date span**) was as follows; He/She attended 44 out of 46 authorized visits. He/She missed 2 visits due to holidays, etc.
- Include parent participation in therapy sessions %.
  - Can be stated: “The Parent /Guardian is (*is not*) in attendance during therapy.”
    - *If parent not present, provide brief explanation (ie., parent works during session)*
  - Can be stated: “The Parent /Guardian has participated in the Home Program and continues to follow through with instructions at \_\_\_%.”



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## DISCHARGE PLANNING

**Prognosis:** Check the box that applies.

**Discharge Plans:** Check the box.

**Additional Rehabilitation Potential and Discharge Plans:**

- A reasonable prognosis including the member's potential for meaningful and significant progress
- Has to be specific and established according to the patient's prognosis (Long Term Goals)
- Example - "PATIENT WILL BE DISCHARGED WHEN HE/SHE IS NO LONGER DEMONSTRATING FUNCTIONAL IMPAIRMENT AND HIS/HER SKILLS LEARNED CAN BE MAINTAINED THROUGH THE USE OF A HEP."

**Triage/Risk Level.** (Typically, level 3 or 4)

- Level 1 - High Priority
- Level 2 - Moderate Priority
- Level 3 - Low Priority
- Level 4 - Very Low Priority (Treatment can be delayed > 72 hours)

**Emergency Contact:** Must include the name and phone number of a family member to contact in an Emergency.

**Evacuation Plans:** Complete if known

## CARE COORDINATION

**Comments:** Include recommendations for parent participation in home exercise program to include documentation that HEP is being carried out (assignment grading).

- Must include at least 1 specific activity or instruction for the parent to follow between sessions.
  - Example: "Evaluation results were reviewed with caregiver. Caregiver was in agreement with the proposed treatment plan and goals. Therapist discussed the expectation of a home program with the caregiver."

## SUPERVISION

**Who was supervised?** If ST/OT/PT assistant is supervised during this visit, check "N/A".



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## PARENT SIGNATURE

**(MUST BE OBTAINED ELECTRONICALLY WITHIN POINT OFF CARE)**

For some tablets/phones you will need to use the "Alternate Signature Option"

- Click the link
- Have caregiver sign on the line
- Click "Submit"

The person who signs must be at least 18 years of age.

Patient/Caregiver/Other Signatory: The signer's name & relation must be typed into the line provided.

## CLINICIAN SIGNATURE

**End Date and Time:** Enter the time and date that the visit ended.

**Clinician Signature:** All visits must be electronically signed by the therapist who performed the visit.

**ALL REPORTS WILL FAIL  
IF ANY OF THIS INFORMATION IS NOT INCLUDED.**

## MISCELLANEOUS

**In an effort to not cause any lapses or delays in service:**

- Evaluations are required to be turned in within 20 days of the authorization start date
- Re-evaluations are required to be submitted within 10 days of the authorization start date

**To View the PDF of Your Visit Note:**

- Go back to the Schedule in your point of care
- Beside the patient's name, click on the magnifying box
- A popup will display with the PDF of the visit note





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## HOW TO WRITE S.M.A.R.T. GOALS

Specific    Measurable    Attainable    Relevant    Time-Bound

### S – Specific

A therapy goal that is specific clearly details what is expected of your child. This can include information about who is involved and where the goal should be achieved (e.g. home, community or playground).

### M – Measurable

It is necessary for a goal to be measurable so that it can be evaluated at a set date at the end of the therapy plan. This information is useful to determine your child's level of progress and will also aid in the development of new goals for the next therapy plan.

### A – Attainable

Although a therapy goal is designed to challenge your child's abilities, it should be realistic and attainable in the time period set by the therapy plan. Unrealistic or unattainable goals will frustrate all parties involved and sometimes lead to a negative attitude towards therapy. Parents and therapists should work together when considering whether a therapy goal is attainable.

### R – Relevant

Ensure the goal is relevant for your child by considering his/her immediate needs or biggest challenges in everyday life.

### T – Timely/Time-sensitive

A therapy goal should be bound to a time-frame because it creates commitment to meeting a deadline. This helps to focus therapy sessions including home-based therapy, and ensures that progress will be measured.

**Functional Goals:** A series of behaviors or skills that allow the client to achieve an outcome relevant to his/her health, safety, or independence within the context of everyday environments

- Client-Specific, measurable short and long-term functional goals within the length of time the services are requested. *Source: TMPPM Handbook*

**Long-Term Goals:** Should span the authorization period requested.

- Example: Client will independently complete a morning dressing routine 5/7 mornings in \_\_ months.

**Short-Term Goals:** Nest within Long-Term Goal. May be isolated component of long-term goals

- Example: client will don pull-over shirt independently in \_\_ weeks. Baseline: \_\_\_\_
  - **Must document baseline performance.**

**NOTE:** As the treating therapist has set the goals for a specified time period, **it would be expected that all goals would be met within the specified time frame.**

**DO NOT INCLUDE THE FOLLOWING:**

- 1) One skill in one environment: Goals with more than one skill are not measurable or specific.
- 2) The specific component of the goal may not be general/broad, such as, “all age appropriate consonants” and “wants and needs” but rather put into a specific context for the member.
- 3) Goals that target skills in multiple environments (e.g. words/phrase/sentences) are not specific and therefore are not measurable.
- 4) Use appropriate % accuracy – Pt needs to complete the % accuracy established during the auth period. % accuracy can be increased every re-evaluation.
  - a. Incorrect Goal: “Pt. will improve \_\_\_skill by \_\_\_\_\_ with \_\_\_ cues over \_\_\_ therapy session with 90% accuracy (high % accuracy to be completed during auth period). Baseline: 5%

**Examples of PT & OT Functional Goals**

- 1) Client will demonstrate simple problem solving with ambulation identify possible obstacles to safely navigate around obstacles \_\_\_% acc with 4 verbal cues in X weeks. Baseline: \_\_\_
- 2) Client will maintain head placement in neutral 100% of trials, maintain appropriate food placement/Effective mastication of soft solids. Decreasing aspiration chances. Increasing feeding safety in X months. Baseline: \_\_\_
- 3) Client will increase independent mobility, crawl on hands and knees 8 feet cross the living room floor 3 times per day within X months. Baseline: \_\_\_
- 4) Pt. will demonstrate increased sitting tolerance indicating increased (a)core strength, (b)muscle endurance, (c) body awareness and (d)balance to sit edge of sofa unsupported at stand by assist for 5 minutes. Baseline: (a)\_\_\_ (b) \_\_\_ (c)\_\_\_ (d)\_\_\_
- 5) Pt. will elevate his/her arms while seated in a chair to grab items or reach display media 60-75 degrees 2 out of 4 trials and maintain arms in an elevated position for 10 seconds indicating increased postural and UE strength and muscle endurance within 3 months. Baseline
- 6) Within \_\_\_ months, Pt. will transition from partial supine to sit pull to sit from a reclined position with minimal assist 5 out of 5 trials indicating improved core strength and muscle endurance. baseline: 2 minutes unassisted
- 7) Increase independent play within X months demonstrate controlled release of grasp, setting 3 favorite figurines on a tabletop surface without dropping/knocking over. Baseline: \_\_\_
- 8) Within X months, improve motor planning and independence perform events associated with toileting sit on toilet fully clothed for \_\_\_ seconds with 4 verbal prompts in 3/4 trials. Baseline: \_\_\_
- 9) Increase awareness of rattle and follow from side to midline of both sides with 80% accuracy for 3 consecutive sessions in \_\_\_ months. Baseline: \_\_\_%
- 10) Integrate ATNR reflex and not move his/her extremities when turning his head at \_\_\_% accuracy for 3 consecutive sessions in \_\_\_ months. Baseline: \_\_\_%
- 11) Increase cervical strength/3-/5/ to hold head in midline through \_\_\_% of movement cycle when moving from supine to sit at \_\_\_% accuracy in 3 consecutive sessions in \_\_\_ months. Baseline: \_\_\_
- 12) Demonstrate grasping rattle and hold for 20 sec w 80% accuracy for 3 consecutive sessions in 3 months. Baseline: 20%
- 13) Integrate spinal gallant reflex to perform lateral trunk flexion for moving from supine to side to side w 2 tactile cues at \_\_\_% accuracy for 3 sessions in \_\_\_ months. Baseline: 0%
- 14) Integrate from startle to orienting response with head at \_\_\_% accuracy for \_\_\_ sessions in \_\_\_ months. Baseline: \_\_\_%

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## Examples of ST Functional Goals

### Feeding/Swallowing

- 1) Improve participation in mealtime routines with family, use gesture or gaze indicate food choice in 3/4 trials with choice of 2 snacks during snack time within X months. Baseline: \_\_\_
- 2) During family meals at home rotate head to weaker side for all swallows up to 4 verbal prompts no signs/symptoms of aspiration increase swallow safety; reduce aspiration risk. Baseline: \_\_\_
- 3) Pt. will demonstrate the ability to manage secretions and/or food and liquid to decrease drooling/anterior leakage by initiating cued volitional swallows every 2 minutes during treatment of oral dysphagia with \_\_\_% accuracy across 3 consecutive sessions within \_\_\_ months.
- 4) Pt. will accept pureed soft foods into diet requiring minimal prompting with \_\_\_% accuracy. Baseline: 0%
- 5) Pt. will accept thin liquids into diet requiring minimal prompting with \_\_\_% accuracy. Baseline: 0%

### Oral Motor

- 1) Pt. will complete 3 sets of oral motor exercises requiring minimal prompts to increase muscle strength for chewing. Baseline: 0 sets
- 2) Pt. will improve oral motor skills by complete oral exercises: (a) chewing the "chewy tube/Q" 10 times on each side using the front teeth and right/left back teeth with no drooling, with little to no cues over four consecutive therapy sessions. Baseline: \_\_\_
- 3) Pt. will improve oral motor skills by complete oral exercises: (a) maintaining lip shape/lip movements with various shapes/sizes cups/spoons for 10 sec and with no drooling, with little to no cues over four consecutive therapy sessions.
- 4) Pt. will improve oral motor skills by tolerating facial massages for 10 consecutive minutes, with little to no cues over four consecutive therapy sessions. Current Level: 7sec.
- 5) Pt. will improve oral motor skills by tolerating oral massages for 10 consecutive minutes, with little to no cues over four consecutive therapy sessions. Current Level: 7sec.
- 6) Pt. will improve oral motor skills by tolerating neck massages for 10 consecutive minutes, with little to no cues over four consecutive therapy sessions. Current Level: 7sec.

### AAC

- 1) Request preferred entertainment using ACD with eye gaze interaction 10 times during a 2 hour block of time per day 5/7 maintain everyday expressive communication. Baseline: \_\_\_
- 2) Pt. will request 10 items using signs, PECS, or verbal approximations requiring minimal prompting \_\_\_% of the time. Baseline: 0%
- 3) Pt. will name 25 functional vocabulary words using signs, PECS, or verbal approximations. Baseline: 0 words
- 4) Patient will identify 10 actions by pointing and using picture stimuli with moderate visual cues over 3 consecutive sessions within \_\_\_ months to improve language skills when communicating wants and needs for safety and independence in the home and community. Baseline: \_\_\_
- 5) Pt. will shift eyes to a specific symbol in a field of two symbols/pictures to request 5 activities in 3 out of 4 trials across 3 consecutive sessions.
- 6) Using his communication device, Pt. will achieve the target symbol given a verbal prompt (i.e. "show me the \_\_\_", "point to the \_\_\_", "where is the \_\_\_?" with \_\_\_% accuracy for three consecutive sessions. Baseline: \_\_\_

### Social Skills/Pragmatic

- 1) Pt. will improve pragmatic language skills by: (a) tolerating an entire therapy session with no redirection (b) maintaining topic during an entire activity (c) attending to clinician-directed activities for two consecutive activities with no redirection, with little to no cues over four consecutive therapy sessions. Baseline: (a) \_\_\_ (b) \_\_\_ (c) \_\_\_

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- 2) Within a \_\_ month period, Pt. will demonstrate functional and relational play with 10 toys with \_\_% accuracy. Baseline: \_\_
  - 3) Within a \_\_ month period, Pt. will participate during an activity for at least 2-4 minutes with appropriate joint attention given visual and verbal cues with \_\_% of accuracy. Baseline: \_\_%
  - 4) Within a \_\_ month period and with the assistance of a visual schedule, Pt. will transition between activities/routine given visual and verbal cues with \_\_% of accuracy. Baseline: \_\_%
  - 5) Initiate assistance request during daily routines using short phrases 4/5 opportunities after a verbal model within X months. Baseline: \_\_\_\_\_
  - 6) Pt. will improve pragmatic skills by imitating: (a) age upon request (b) first and last name upon request (c) the therapist's name, (d) brother's name (e) mom's name with minimal cues during 4 of 5 given opportunities over 4 consecutive therapy sessions.
  - 7) In case of emergency accurately verbally provide biographic information response to a directive question 100% of the time independently within X months. Baseline: \_\_\_\_\_
  - 8) Pt. will improve length utterance using 2-3 word utterances to request (#) desired items and communicate his/her needs with moderate cues over 3 consecutive sessions with \_\_% acc. Baseline; \_\_\_\_\_
  - 9) Pt. will improve language skills by describing 5 events using a sequential, logical manner, with visual cues within 5 months. Baseline: \_\_

#### Receptive Language

- 1) Pt. will improve receptive language by understanding/following 3 step commands with the following concepts (a) after (b) without (c) between with minimal cues, with \_\_% accuracy. Baseline: (a) \_\_ (b) \_\_ (c) \_\_
- 2) Pt. will improve language skills by identifying 30 actions from daily living/daily activities, with minimal cues over 4 consecutive therapy sessions. Baseline: \_\_\_\_\_
- 3) Pt. will improve receptive skills by understanding "Who" questions with moderate visual cues with \_\_% acc over 4 therapy session. Baseline: \_\_% acc.
- 4) Pt. will improve receptive skills by understanding "Where" questions with minimal visual cues with \_\_% acc over 4 therapy session. Baseline: \_\_% acc.

#### Expressive Language

- 1) Within a 6-month period, Pt. will begin to coo and babble during independent and relational play given visual and verbal cues with \_\_% of accuracy. Baseline: \_\_\_\_\_
- 2) Pt. will improve expressive language skills by producing 4+ word utterance using "ing" (i.e. "He/She/I'm eating banana in the kitchen" "I'm playing with the ball in the park") with \_\_% acc over four therapy sessions. Baseline: \_\_\_\_\_
- 3) Pt. will improve receptive/expressive skills by understanding and answering "Where" questions with a place, "Who" questions with a person using sentences with 70% acc over four therapy session. Baseline: 0% acc.
- 4) Pt. will improve expressive skills by answering "Where" questions with a place, using sentences with \_\_% acc over 4 therapy session. Baseline: \_\_% acc.
- 5) Pt. will improve expressive skills by answering "Who" questions with a person using sentences with \_\_% acc over 4 therapy session. Baseline: \_\_% acc.
- 6) Pt. will improve language skills by labeling 30 actions from daily living/daily activities, with minimal cues over 4 consecutive therapy sessions. Baseline: \_\_\_\_\_

#### Articulation

- 1) Pt. will improve articulation by suppressing the phonological process of cluster reduction -/l in syllable with moderate visual cues with \_\_% accuracy over four consecutive therapy sessions. Baseline: \_\_\_\_\_

- 2) Pt. will improve articulation by suppressing the phonological process of cluster reduction -/l/ by producing cluster sounds in the initial position of two-syllable words with \_\_\_% accuracy over 4 consecutive therapy sessions. Baseline: \_\_\_\_\_
- 3) Pt. will improve articulation skills by producing /m/ in **isolation** with minimal visual/tactile cues with \_\_\_% accuracy over 3 therapy session or (\_\_\_ months). Baseline: \_\_\_\_\_
- 4) Pt. will improve articulation skills by producing /m/ in **initial position of two-syllable words** with minimal visual/tactile cues with \_\_\_% accuracy over 3 therapy session or (\_\_\_ months). Baseline: \_
- 5) Pt. will improve articulation skills by producing /m/ in **initial position of three-syllable words** with minimal visual/tactile cues with \_\_\_% accuracy over 3 therapy session or (\_\_\_ months). Baseline: \_
- 6) Pt. will improve articulation skills by producing /m/ in **medial position of two-syllable words** with minimal visual/tactile cues with \_\_\_% accuracy over 3 therapy session or (\_\_\_ months). Baseline: \_
- 7) Pt. will improve articulation skills by producing /m/ in **medial position of three-syllable words** with minimal visual/tactile cues with \_\_\_% accuracy over 3 therapy session or (\_\_\_ months). Baseline: \_
- 8) Pt. will improve articulation skills by producing /m/ in **final position of two-syllable words** with minimal visual/tactile cues with \_\_\_% accuracy over 3 therapy session or (\_\_\_ months). Baseline: \_
- 9) Pt. will improve articulation skills by producing /m/ in **final position of three-syllable words** with minimal visual/tactile cues with \_\_\_% accuracy over 3 therapy session or (\_\_\_ months). Baseline: \_
- 10) Pt. will improve articulation skill by producing /s/ at **sentences level** with moderate visual cues with \_\_\_% accuracy over \_\_\_ months. Baseline: \_\_\_\_\_
- 11) Pt. will improve his/her intelligibility by formulating multiple sentences using 10 given words/ situations, with appropriate and clear meaning and increasing accuracy. Baseline: \_\_\_\_\_

**Apraxia (Phonemic Drill)**

- 1) Client will produce a series of 5 CV combinations /bi/ /bu/ /ba/ /bo/ /be/ for 30 trials with \_\_\_% accuracy. Baseline: \_\_\_\_\_
- 2) Client will produce reduplicative syllables first in isolation (nana nana nana, nini nini nini) then in succession (nana, nini, nunu) for 30 trials with \_\_\_% accuracy. Baseline: \_\_\_\_\_
- 3) Client will produce /nan/ and /nin/ first in isolation then in succession for 30 trials with \_\_\_% accuracy. Baseline: \_\_\_\_\_
- 4) Client will produce target phoneme in short words with simple phonetic environments (new, nine, nap etc) for 30 trials per word with \_\_\_% accuracy. Baseline: \_\_\_\_\_
- 5) Client will produce two word phrases with the target phoneme /n/ in the initial position of both monosyllabic words (not now, no news, nice night) for 30 trials each phrase with \_\_\_% accuracy. Baseline: \_\_\_\_\_

**Fluency**

- 1) Within a \_\_ month period, Pt. will use fluency shaping techniques such as easy onset when telling-retelling a story or during other structured therapy activities given visual and verbal cues with \_\_\_% of accuracy. Baseline: \_\_\_%
- 2) Within a \_\_ month period, Pt. will identify and reduce secondary behaviors during structures and unstructured activities given visual and verbal cues with \_\_\_% of accuracy. Baseline: \_\_\_%
- 3) Within a \_\_ month period, Pt. will identify different types of speech (a)bumpy/smooth (b)fast/slow during structured activities given visual and verbal cues with \_\_\_% of accuracy. Baseline: 0%
- 4) Within a \_\_ month period, Pt. will establish adequate breath support given visual, verbal, tactile cues with \_\_\_% of accuracy. Baseline: 0%