

Aphasia Treatment Activities

Patient Information

Name:
Date of Birth:
Date of Assessment:

Medical History

Diagnosis:
Date of Diagnosis:
Severity Level:
Other Relevant Medical Conditions:

Goals of Aphasia Treatment

Treatment Plan

Language Therapy Activities

Activity	Description	Objective	Materials Needed	Instructions

Communication Strategies

Strategy	Description	Objective	Practice Exercise

Cognitive-Linguistic Activities

Activity	Description	Objective	Materials Needed	Instructions

Social Communication Exercises

Activity	Description	Objective	Practice Scenario

Home Practice Recommendations

- **Recommended Activities:**

- **Frequency:**
- **Duration:**
- **Additional Resources:**

Progress Notes