Speech Therapy Program for Adults

Client Information
Name:
Date of Birth:
Address:
Phone:
Email:
Emergency Contact:
Session Overview
Session Date:
Therapist:
Goals and Objectives
Long-Term Goals:
1.
2.
3.
4.
Short-Term Objectives (Session-Specific):
1.
2.
3.
4.
Session Outline
1. Warm-up Activities (5 minutes):
Breathing exercises
 Relaxation techniques
Vocal warm-ups

2. Targeted Speech Sound Practice (15 minutes):
Identify target speech sounds
Articulation exercises
Practice with word lists and sentences
3. Fluency Techniques (10 minutes):
Slow rate of speech practice
Easy onset techniques
Pausing and phrasing exercises
4. Communication Strategies (15 minutes):
Real-life scenario role-play
Effective communication in social settings
Strategies for workplace communication
5. Vocal Strength and Endurance (10 minutes):
Vocal exercises
Pitch and tone modulation
□ Resonance exercises
6. Review and Homework Assignment (5 minutes):
Homework Assignment

Session Progress (1-5 scale):						
Speech clarity:						
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
1.	2.	3.	4.	5.		
Poor	Fair	Good	Very Good	Excellent		
Articulation:						
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
1.	2.	3.	4.	5.		
Poor	Fair	Good	Very Good	Excellent		
Fluency:						
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
1.	2.	3.	4.	5.		
Poor	Fair	Good	Very Good	Excellent		
Communication ski	lls:					
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
1.	2.	3.	4.	5.		
Poor	Fair	Good	Very Good	Excellent		
erapist Notes						