

Section VIII: Documentation Templates

All documentation should be Calibri font, size 12.

The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Language and Hearing Clinic



SOAP NOTE #

Client Name: Initials only
Chronological Age:
Parameter:
Graduate Student:
Time: (Start and End Time)

Semester:
Date:
ICD-10:
Supervisor:

Single Subject Design:

S:

Subjective information
Report if anyone accompanied the client
May include the client's behavior prior to entering the treatment session
May include any relevant client and caregiver report: updated health/medical information, events that may affect the client's behavior, etc.

O:

Objective information
All of the data
Descriptive and relevant client behavior
Must include the goal/s targeted during the session.
LTG#
STG#
A. Antecedent- What the graduate student did to elicit a response
B. Behavior-What the client did
C. Consequence-What happened if the client did or did not provide a correct response
Graphs
Clinical Notes/Observations

A:

Qualitative Assessment
Clinical judgement
Patterns
Comparisons

P:

The plan for the next session --Must include goals

References

Include all assessments/protocols
Evidence to support assessment and treatment

Name
Graduate Student

Supervisor Name, MA/MS/PhD, CCC-SLP
Clinical Supervisor, Texas License Number



INITIAL SPEECH/LANGUAGE EVALUATION

Name: (Use initials until the clinical supervisor approves the report)

Address:

Telephone:

Email:

Date of birth:

Chronological age:

Parent's/caregiver's name:

Referral:

Date of evaluation:

Diagnosis:

Diagnostic Category

ICD-10 Code

CPT Code

Case History:

Include the following: Current level of functioning, referral source, reason for evaluation, plus relevant background and medical information, and forms of assessment used

Hearing Screening:

Reason for screening, standards used, results. Is further evaluation necessary?

Oral Facial Mechanism Exam:

Reason for exam, forms of assessment used, results, interpretation, and may also include DDK

Feeding/Swallowing: (If Applicable)

Reason for evaluation, forms of evaluation, results, interpretation

SPEECH:

Articulation:

Reason for evaluation, forms of evaluation, results (Standard Scores if available), and interpretation

Voice:

Reason for evaluation, forms of evaluation, results, and interpretation

Fluency:

Reason for evaluation, forms of evaluation, results, interpretation

LANGUAGE:

Expressive Language:

Reason for evaluation, forms of evaluation, results (Standard Scores if available) and interpretation

Receptive Language:

Reason for evaluation, forms of evaluation, results (Standard Scores if available) and interpretation

Summary:

Summarize the results and interpretations, clinical assessment, and diagnosis

Recommendations/Treatment Plan:

Recommended treatment approach, recommended treatment schedule, and referrals

Prognosis:

Include with and without intervention. Include any positive or negative prognostic indicators.

References

Include all assessments/protocols

Evidence to support assessment and treatment

Name

Graduate student

Supervisor Name, MA/MS/PhD, CCC-SLP

Clinical Supervisor, Texas License Number

The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Language and Hearing Clinic



RE-EVALUATION

Name: (Use initials until the clinical supervisor approves the report)

Address:

Telephone:

Email:

Date of birth:

Chronological age:

Parent's/caregiver name:

Referral:

Date of evaluation:

Diagnosis:

Diagnostic Category

ICD-10 Code

CPT Code

Case History:

Brief current level of functioning, reason for re-evaluation, therapy data review, plus relevant updated background and medical information

Hearing Screening: (if applicable)

Reason for screening, standards used, and results. Is further evaluation necessary?

Oral Facial Mechanism Exam: (if applicable)

Reason for exam, forms of assessment used, results, interpretation, and may also include DDK

Feeding/Swallowing: (If Applicable)

Reason for evaluation, forms of evaluation, results, interpretation

SPEECH:

Articulation:

Reason for evaluation, forms of evaluation, results (Standard Scores if available), and interpretation

Voice:

Reason for evaluation, forms of evaluation, results, and interpretation

Fluency:

Reason for evaluation, forms of evaluation, results, interpretation

LANGUAGE:

Expressive Language:

Reason for evaluation, forms of evaluation, results (Standard Scores if available) and interpretation

Receptive Language:

Reason for evaluation, forms of evaluation, results (Standard Scores if available) and interpretation

Summary:

Summarize the results and interpretations, clinical assessment, and diagnosis

Recommendations/Treatment Plan:

Recommended treatment approach, recommended treatment schedule, and referrals

Prognosis:

Include with and without intervention. Include any positive or negative prognostic indicators.

References

Include all assessments/protocols

Evidence to support assessment and treatment

Name

Graduate student

Supervisor Name, MA/MS/PhD, CCC-SLP

Clinical Supervisor, Texas License Number



ICD-10 (International Classification of Diseases) DIAGNOSIS CODES (updated 12/2016)

F98.5 Adult onset fluency disorder	R49.9 Unspecified voice and resonance disorder
F63.3 Trichotillomania	R49.1 Aphonia
R45.1 Restlessness and agitation	R49.0 Dysphonia
F81.0 Specific reading disorder	R49.21 Hypernasality
F80.1 Expressive language disorder	R49.22 Hyponasality
F80.2 Mixed receptive-expressive language disorder	R49.8 Other voice and resonance disorder
H93.25 Central auditory processing disorder	R47.1 Dysarthria and anarthria
F80.4 Speech and language development delay due to hearing loss	R47.82 Fluency disorder in conditions classified elsewhere
F80.81 Childhood onset fluency disorder	R47.02 Dysphasia
F80.0 Phonological disorder	R47.81 Slurred speech
F80.82 Social pragmatic communication disorder	R47.89 Other speech disturbances
F80.89 Other developmental disorders of speech and language	R48.0 Dyslexia and alexia
H90.5 Unspecified sensorineural hearing Loss	R48.1 Agnosia
I69.923 Fluency disorder following Unspecified cerebrovascular disease	R48.2 Apraxia
R47.01 Aphasia	R48.8 Other symbolic dysfunctions
	R13.0 Aphagia
	R13.10 Dysphagia, unspecified

CPT (Current Procedural Terminology) CODES

Evaluation of speech fluency	92521
Evaluation of speech sound production	92522
Evaluation of speech sound production with evaluation of language comprehension and expression	92523
Behavioral and qualitative analysis of voice and resonance	92524
Individual Speech Therapy	92527
Group Speech Therapy	92508



DIAGNOSTIC PLAN

Name: (Use initials until the clinical supervisor approves the report)

Address:

Telephone:

Email:

Date of Birth:

Chronological age:

Parent's/caregiver name:

Referral:

Medical Diagnosis: (if applicable)

Date of evaluation:

Graduate Student/s:

Supervisor:

Case History:

Forms of assessment/protocols

Hearing Screening:

Reason for screening and standards to be used

Oral Facial Mechanism Exam:

Reason for exam, forms of assessment used

Feeding/Swallowing:

Reason for exam, forms of assessment used

SPEECH:

Articulation:

Reason for exam, forms of assessment used

Voice:

Reason for exam, forms of assessment used

Fluency:

Reason for exam, forms of assessment used

LANGUAGE:

Receptive Language:

Reason for exam, forms of assessment used

Expressive Language:

Reason for exam, forms of assessment used

Pragmatics:

Reason for exam, forms of assessment used

Include all assessments/protocols
Evidence to support assessment and treatment

References

Name, BA/BS
Graduate Student

Supervisor's Name, MA/MS/Ph.D., CCC-SLP
Clinical Supervisor, Texas License Number

Name, BA/BS
Graduate Student



TREATMENT PLAN

Client Name: Initials only
Chronological Age:
Parameter:
Graduate Student:
Supervisor:

Semester:
Date:
ICD-10:

Case History:

Include the following: Current level of functioning, referral source, reason for evaluation, relevant background and medical information, and forms of assessment used

Plan/Rationale:

Evidence based practice, Rationale for selected design and treatment approach, and additional data to support rationale

Single Subject Design:

Goals:

LTG1:

A:

B:

C:

STG1:

A:

B:

C:

STG2:

A:

B:

C:

References

Include all assessments/protocols
Evidence to support assessment and treatment

Name
Graduate Student

Supervisor Name, MA/MS/PhD, CCC-SLP
Clinical Supervisor, Texas License Number



DISCHARGE SUMMARY

Client Name: Initials only
Chronological Age:
Parameter:
ICD-10:

Semester:
Date:
Graduate Student:
Supervisor:

Case History:

Brief current level of functioning, relevant updated background and medical information

Progress to date:

Therapy data review to date- To include graphs, goals met/unmet and data/percentages, must justify reason for discharge

Recommendations:

Recommendations post treatment; for example, re-evaluation, home program, etc.

References

Include all assessments/protocols
Evidence to support assessment and treatment

Name
Graduate Student

Supervisor Name, MA/MS/PhD, CCC-SLP
Clinical Supervisor, Texas License Number