### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY SPEECH THERAPY PROGRESS NOTES/LOGS

**MONTH/YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **LAST NAME** | **FIRST NAME** |  |
|  |  |  |
| WVEIS NUMBER | MEDICAID NUMBER | BIRTHDATE |
|  |  |  |
| **FREQUENCY OF SERVICE** | **DIAGNOSIS CODE** | **SCHOOL** |
|  |  |  |
| ***IEP Goals and Objectives:*** | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |

**I**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date  mm/dd/yy | Time  In | Time  Out | IEP  Objective | Proc.  Code | Activity/Progress |
|  |  |  |  |  |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Future Plan/Goal Signature: | | | | | |
| Date  mm/dd/yy | Time  In | Time  Out | IEP  Objective | Proc.  Code | Activity/Progress |
|  |  |  |  |  |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Future Plan/Goal Signature: | | | | | |
| Date  mm/dd/yy | Time  In | Time  Out | IEP  Objective | Proc.  Code | Activity/Progress |
|  |  |  |  |  |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Future Plan/Goal Signature: | | | | | |
| Date  mm/dd/yy | Time  In | Time  Out | IEP  Objective | Proc.  Code | Activity/Progress |
|  |  |  |  |  |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Future Plan/Goal Signature: | | | | | |