Any School
SPEECH / LANGUAGE SERVICES

Speech/Language Therapy Record Sheet

OBJECTIVES:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

STUDENT: _____
GRADE: ____ TEACHER: _____
SCHOOL:
YEAR:
SLP:

DATE	OBJECTIVE	ACTIVITY	CODE

Code Key:
A - Attempted task; didn't understand
H - Made progress with help
M - Completed with minimal assistance; not at criteria
I - Completed task independently; at criteria

design credit: Karen Labrozzi, Glendale, AZ