

SPEECH AND LANGUAGE THERAPY CARE PLAN FOR THE CURRENT EPISODE OF CARE

| | | | | | |
|--|--|---|---------------|------------|--|
| NAME: ADDRESS: NHS/Reference: D.O.B.: | | Goals based on assessment episode completed on: | | 01/01/2014 | |
| | | Start of episode of care: | | | |
| | | Therapy delivery: | Group therapy | | |

| | THERAPY PACKAGE AIMS (May be included in a child's <i>Individual Education Plan</i>) | EVALUATION |
|----|---|------------|
| 1. | To | |
| | e.g. | |
| 2. | To | |
| | e.g. | |
| 3. | To | |
| | e.g. | |

| | | | |
|--|--|---------------------|--|
| This programme should be delivered in: | English | | |
| Therapy programme: | Building Early Sentences Therapy (BEST) language programme | Site/clinic: | |
| The outcome of the therapy package will be assessed on or around: | January 20 | | |

CARE PLAN FOR THE CURRENT EPISODE OF CARE**SPEECH AND LANGUAGE THERAPY**

| | | | |
|--|--|------------------------|--|
| Speech and Language Therapy Assistant(s) | | Teaching Assistant(s): | |
|--|--|------------------------|--|

| | | |
|--------------------------|----|-----------|
| CURRENT DIAGNOSIS | | |
| 1. | 2. | Comments: |

COMMENTS/NOTES***CARE PLAN WRITTEN BY:***

| | | | | |
|--------------------------------|--|------------|--|-------|
| Speech and Language Therapist: | | Signature: | | Date: |
|--------------------------------|--|------------|--|-------|

Parent(s) / Carer Case notes School / Nursery / Setting Other