

Scottish Rite Client Profile Sheet

Client Name: _____ DOB: _____ Age: _____
Gender: male female Number of Semesters: _____

SLP Diagnosis: articulation phonology aural rehabilitation fluency voice receptive language expressive language
 semantics semantics syntax syntax morphology morphology pragmatics pragmatics
Severity: mild mild-mod moderate mod-sev severe sev-prfnd

Secondary Diagnosis: autism ADHD cerebral palsy down syndrome
 cleft lip and/or palate other: _____

Articulation/Phonology:

- Speech Intelligibility: average fair poor nonverbal AAC device _____%intelligible
- Target Sounds: _____
- Phonological Processes: _____

Language:

- Expression (check highest): echolalia gestures/facial expressions phonemes one word two words phrases simple sentences complex sentences conversation
- Describe Overall Communication: _____

Fluency:

- Disfluency Types: fluent part word repetitions whole word repetitions blocks prolongations other: _____ secondary mannerisms: _____
- Rate of Speech: appropriate fast/rapid slow/labored variable

Voice:

- Loudness: appropriate high intensity low intensity inadequate breath support
- Pitch: appropriate high range low range monotone
- Quality: appropriate nasal hoarse/harsh breathy cud-de-sac resonance

Recommendations:

Therapy Recommended: yes no--If not, why? _____
Level of Priority: low medium high
Session Type: individual group individual or group
Clinician Type: beginning experienced beginning or experienced

Possible Therapy Goals:

- _____
- _____
- _____
- _____

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Behavioral Characteristics (check terms that best apply):

- Attention Span: adequate requires breaks fatigues object preoccupation
 varies easily distracted other: _____
- Level of hyperactivity: high/impulsive adequate/responsive low/lethargic
- Cognitive Level: age appropriate <1-2 yrs. <3-4 yrs.
- Therapy Structure: high medium low
 visual schedule establish routine materials hidden

Attendance:

- regular attendance
 frequent absences due to illness
 frequent absences due to no shows

- Absences** may have interfered with progress
 interfered with progress

Specific supports/strategies for client:

Additional Comments:

Student Clinician: _____

Date: _____

Clinical Instructor: _____

Clinical Instructor's Initials: _____