SPEECH THERAPY GOAL SHEET

NAME*: John S.** ***DOB: 3/6/05 ***RE-EVAL:*** *5/24/11* ***IEP EXP:*** 6/12/09

***PARENT'S NAME*: Mr. and Mrs. S.** ***TELEPHONE#*: 000-000-000**

PRIMARY DISABILITY*: DD** ***FREQ: *3x weekly 30 min each session* ***LOC:*** Tx Room/Classroom

DATE / GOALS	9/2/08																			
Identify concepts of location	60%	+																		
Identify concepts of size		+																		
Identify concepts of quantity		-																		
Verbalize concepts of location		-																		
Verbalize concepts of size		-																		
Verbalize concepts of quantity		-																		
Verbalize action words		-																		
		+																		
		+																		
		-																		
ACTIVITY	Preposition Bingo – place chip on picture of concept demonstrated and verbalized by																			
	30				30		30		30		30		30		30		30		30	

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