Speech Language Therapy Treatment Record

School _____ _____

Therapist_____

	DATE																				
Name																					**Frequency**
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A – Student Absent
P – Planning
C – Consultation
FT – Student on Field Trip
E – Evaluation
M – E/IEP Meeting
SD – Snow Day
O – Observation
TS – Testing Student
CS – Canceled by School
MU – Make Up
TU – Therapist Unavailable
TA – Therapist Absent
SU – Student Unavailable
SL – Student Late
SS – Student Suspended
SR – Student Refused
X – Other_____
√ - Student Present