

Working Plan for:

___ Taylor Perdue, SLP

___ Danielle Thomson, CDA

___ Jana Folmer, CHA

___ Krystina Shaw, CDA

and

Cheryl D. Lindsay Speech and Language Assessment and Treatment Services for Children and Adults
(Name of Third Party Delivered by)

Student/Client Name: _____

Purpose of Involvement:

___ Parental Permission in writing

___ Qualifications checked

___ Police Check

Projected Timeline for Involvement: _____

Dates for School Visits: _____ weekly _____ biweekly _____ monthly _____ to be determined

Location/Space usually used: _____
(School Name) (Space)

Summary:

(Principal Signature)

(Date)

(Parent Signature)

(Date)

(Speech-Language Pathologist)

(Date)

(Assistant-Direct Therapy)

(Date)

Copies to: Parent
OSR
Third Party