**CLIENT FILE REVIEW**

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| **Name:** | **Diagnosis:** |
| **Date of Birth:** | **ICD 10 Code:** |
| **Age:**    years,    months | **Graduate Clinician:**  |
| **Date:** | **Supervising SLP:** |

**PERTINENT HISTORY** (birth, medical, and developmental)**:**

**EVALUATION RESULTS** (comparison of initial evaluations and current, if a long standing disorder, include dates of evaluations):

**STRENGTHS AND WEAKNESSES:**

**LONG-TERM AND SHORT-TERM THERAPY GOALS**:

**BEHAVIORAL CONCERNS:**