

Completed by Parents

Home Practice Report

Use this form to record all practice outside of therapy sessions each week. Submit completed forms to your Speech Language Pathologist at the beginning of each session.

Clinician Name: _____ Client's Name: _____

Week: _____

Fill in the following table **accurately** & **completely** for each home practice session:

	Mon	Teus	Wed	Thurs	Fri	Sat	Sun
Practice Date (MM/DD/YY)							
Time Spent Practicing (Min)							
Sounds Practiced (Ex. R, L, S)							
Used SmartPalate? (Yes or No)							

1. Describe the exercises, tools, & methods used during this practice session:

2. Additional notes/comments/suggestions (optional):

Send Completed Form: Fax - (801) 566-2689 or email to contact@fastspeech.org