

Completed by Parents

Final Home Summary

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. What improvements have you seen in your or your child's speech?

3. How has therapy with SmartPalate improve your or your child's speech?

4. What impact has FAST Financial Aid Program and therapy with CompleteSpeech had on you or your child?

5. What suggestions or feedback can you offer about the FAST Program?

6. Notes, comments or questions:

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