

**PROGRESS NOTE - SLP**

Name:	PARIS ID:	
DOB:	Age:	PHN:
Gender:	Phone:	
Home Address:	Physician:	
	School:	

Casnote Date: Team Name: Staff Member:

Reason:

**Next Planned Contact/Visit**

Planned Date:

Contact Type: Reason:

Planned Staff:

**SLP Activities**

**Type of Activity**

☐ Client Visit - Office ☐ Client Visit - Outreach ☐ Group Session

Duration: Hr Min

**Specific Activities**

<input type="checkbox"/> Assessment	<input type="checkbox"/> Therapy Recommended
<input type="checkbox"/> Case Conference	<input type="checkbox"/> Therapy/Treatment
<input type="checkbox"/> Consultation Review	<input type="checkbox"/> Appointment Cancelled by Client
<input type="checkbox"/> Initial Consultation	<input type="checkbox"/> Appointment Cancelled by Staff
<input type="checkbox"/> Observation/Education/Advice	<input type="checkbox"/> No Show
<input type="checkbox"/> On Hold Assessment	
<input type="checkbox"/> On Hold Therapy	

**Open Needs**

Need Identified On

Name:

PARIS ID:

Casenote

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----