



## Speech and Language Goal Setting Form

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Relationship: \_\_\_\_\_

<p>Please indicate below 5 or 6 goals you would like to see your child achieve in the next _____.            Think about what you would like your child to be able to do/ or have accomplished at the end of that time period.            Below are various areas of function that OT services may impact upon.  <b>Ratings for Rank Order of Priority:</b> 1=Most Important to You; 5 =Least Important to You</p>	<p><b>Rank Order Of Priority</b> (rate 1- 5)</p>
<p><b>Language and Processing:</b> <i>This area includes improving conversation, topic maintenance, appropriate grammar, understanding and responding to what is said, and following directions.</i></p>	
<p><b>Articulation and Phonology:</b> <i>This area includes speech sound production and how to put specific sounds together to form words, phrases, and sentences.</i></p>	
<p><b>Participation:</b> <i>This area includes the child's ability to engage in/be involved in life situations such as going to birthday parties, going out to restaurants, participating in team sports and/or play dates.</i></p>	
<p><b>Environment:</b> <i>This area includes aspects of the context/environment that the parents must adapt or control in order for the child to function (i.e.: needing to structure play dates, planning transitions, needing to bring food to a restaurant).</i></p>	
<p><b>Family:</b> <i>This area includes aspects of the family's daily living activities that are impacted by the child's language disorder/delay such as the ability to communicate needs and wants, going on family outings, and/or feeling that the family's life revolves around the child.</i></p>	