**Student: _________________________**  
**Setting: __________________________**  
**Semester: __________  Year: __________**

### Client Profile

**Ages Served:**  
- Infant - toddler  
- Preschool  
- School age

**Disorder Types:**  
- Respiration  
- Phonation  
- Resonation  
- Articulation  
- Fluency  
- Cognition/Memory  
- Language - Oral  
- Language - Written  
- Other Communication Modalities  
- Fluency  
- Prosody

**Cultural Diversity:**  
- Yes  
- No

Identify cultural variables:

________________________  
________________________

**Linguistic differences:**  
- Yes  
- No

Identify primary language:

________________________  
________________________  
________________________

### Management Profile

**Specific Assessment and Measurement Tools:**

________________________  
________________________  
________________________

**Use of Instrumentation and Technology (including AAC Devices):**

________________________  
________________________  
________________________

**Specific Treatment Protocols:**

________________________  
________________________  
________________________

**Treatment Formats**  
- Individual  
- Group

**Treatment Setting**  
- Clinic  
- Hospital  
- Rehabilitation Center  
- School  
- Skilled Nursing Facility  
- Home-based Service

### Student Self Appraisal (Optional)