

# Speech Therapy Treatment Plan Agreement

## Client Information

Client Name

Date of Birth

Parent/Guardian (if applicable)

Address

Phone

Email

## Therapist Information

Therapist Name

Credentials

## Treatment Plan

Goals

Treatment Methods

Session Frequency

Session Duration

Plan Review Date

## Agreement & Consent

By signing below, I agree to the terms of the treatment plan and consent to speech therapy services as described above.

Client/Parent/Guardian Signature

Date

Therapist Signature

Date