

**ARKANSAS STATE UNIVERSITY**  
**SPEECH and HEARING CENTER**  
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Plan Approved \_\_\_\_\_  
 Summary Approved \_\_\_\_\_

**Session Plan / Summary**

Client \_\_\_\_\_ Clinician \_\_\_\_\_ File # \_\_\_\_\_  
 Session Length \_\_\_\_\_ Type of Problem \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Goals and Procedures :**

# correct  
 # attempted % correct

1. 

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Schedule of reinforcement:  
 Reinforcers:

2. 

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Schedule of reinforcement:  
 Reinforcers:

3. 

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Schedule of reinforcement:  
 Reinforcers:

4. 

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Schedule of reinforcement:  
 Reinforcers:

5. 

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Schedule of reinforcement:  
 Reinforcers:

6. 

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Schedule of reinforcement:  
 Reinforcers:

Materials:

Reinforcers:

**USE THE BACK OF THIS FORM TO WRITE A NARRATIVE SUMMARY OF RESULTS.**