

Treatment week: _____

Patient: _____ ID: _____ Date Start Rehab ___/___/___

ST	Activity	Session n°__	Session n°__	Session n°__	Session n°__	Session n°__
Date						
Therapist						
	Verbal and written comprehension	Time	Time	Time	Time	Time
	Oral production (articulation, volume, tone, prosody)	Time	Time	Time	Time	Time
	Phonological processing	Time	Time	Time	Time	Time
	Morfo-synthaxis exercises	Time	Time	Time	Time	Time
	Functional Communication	Time	Time	Time	Time	Time
	Lexical evocation (free, phonetic-phonological and semantic evocation)	Time	Time	Time	Time	Time
	Lingual praxis	Time	Time	Time	Time	Time
	Cognition (memory, reasoning, logical reasoning , abstraction)	Time	Time	Time	Time	Time
	Respiratory Muscle Training (Orygen-Dual Valve)	Time	Time	Time	Time	Time
	Sensitive and gustatory stimulation	Time	Time	Time	Time	Time
	NMES (Vital Stym)	Time	Time	Time	Time	Time
TOTAL						
OBS						