Name:	DOB: / /	Cert. Period: / / - / / Freq	:		
Duration: Pla	Place of Service: ☐ Home ☐ Pt Room ☐ Dining Hall ☐ Other:				
Safety Protocols/Procedu	ıres:				
Attach any additional doc	umentation				
Goals:					
Goal Short-Term/Long-Te	erm (circle one):				
Instructions:					
Chille di Lata de la lata de lata de la lata de lata d		D	Tr		
Skilled Interventions/Me		Prompts:	Levels:		
			o Independent		
_			o Minimal		
_			<ul><li>Mild</li><li>Moderate</li></ul>		
			Maximum  Toutures:		
			Textures:		
_		<del></del>	0		
0			0		
			0		
			Companies as a line as a l		
			Examples: regular solids, mechanical soft,		
			puree, thickened liquids, thin liquids		

<sup>\*</sup>These plans shall not be for "medically fragile" patients, as they are not within an SLP-Assistant's scope.

LP-Assistant Swallowing Protocol Fo	<u>orm</u>	
	: / / Cert. Period: / / -	
Ouration: Place of Service	:□Home □ Pt Room □ Dining Hall □ C	Other:
Goal Short-Term/Long-Term (circle one	<u>)</u> :	
Instructions:	<i>j</i> ·	
Tisti detions.		
skilled Interventions/Methods:	Cues/Prompts:	Levels:
0		o Independent
0		o Minimal
0		o Mild
0		o Moderate
0	o Model	o Maximum
0		Textures:
0		o
0		0
		0
		· · · · · · · · · · · · · · · · · · ·
		Examples: regular solids, mechanical soft,
		puree, thickened liquids, thin liquids
Goal Short-Term/Long-Term (circle one	١.	
Joan Short-Termy Long-Term (Circle one	<b>).</b>	
nstructions:		
nstructions.		

<sup>\*</sup>These plans shall not be for "medically fragile" patients, as they are not within an SLP-Assistant's scope.

SLP-Assistant Swallowing Pro	otocol Form	
Name:	DOB: / / Cert. Period: / / -	/ / Freq.:
<b>Duration:</b> Place of	Service: ☐ Home ☐ Pt Room ☐ Dining Hall ☐	Other:
Skilled Interventions/Methods	: Cues/Prompts:	Levels:
0	o Verbal	<ul> <li>Independent</li> </ul>
o		<ul> <li>Minimal</li> </ul>
0	O Kinesthetic	o Mild
0	o Gestural	o Moderate
0		o Maximum
0	o	Textures:
0		o
0		o
		o
		0
		Examples: regular solids, mechanical soft,
		puree, thickened liquids, thin liquids
	<u> </u>	<u>I</u>
	(SLP supervisor), have directly observed and prop	
certify the SLP Assistant will only	y be providing services within their scope as an SLF	P Assistant and their personal skill level.
Signatures:		
Supervising SLP:	Date:	
SLP-Assistant:	Date:	

<sup>\*</sup>These plans shall not be for "medically fragile" patients, as they are not within an SLP-Assistant's scope.