

CAREGIVER COMPANION PLANNER

*Your Complete Daily Planning & Tracking System
for Supporting Aphasia Recovery*



Session Log



30-DayTracker

This planner works alongside the “ Easy and Structured Aphasia Recovery Workbook”. All sections are functional for the survivor's practice and your observations.



PRACTICE SESSION LOG : DAY 1

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

✓ **WHAT WENT WELL**

⚠ **CHALLENGES NOTED**

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 2

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 3

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 4

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 5

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 6

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 7

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 8

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 9

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 10

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 11

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 12

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 13

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 14

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 15

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 16

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

✓ **WHAT WENT WELL**

⚠ **CHALLENGES NOTED**

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 17

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

✓ **WHAT WENT WELL**

⚠ **CHALLENGES NOTED**

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 18

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 19

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 20

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 21

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 22

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 23

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 24

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 25

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 26

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 27

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 28

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 29

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



PRACTICE SESSION LOG : DAY 30

Date:

Total duration (minutes):

Start time:

Session location:

End time:

Who was present:

EXERCISES PRACTICED TODAY

CHAPTER / SECTION	EXERCISE NAME OR NUMBER	COMPLETED? (Y/N/PARTIAL)	NOTES

PERFORMANCE RATINGS (1 = Needed lots of help 2 = Needed some help 3 = Mostly independent 4 = Fully independent)

Word retrieval / naming:	1 2 3 4
Reading comprehension:	1 2 3 4
Writing tasks:	1 2 3 4
Speaking in sentences:	1 2 3 4
Overall session performance:	1 2 3 4

 WHAT WENT WELL

 CHALLENGES NOTED

STRATEGIES THAT HELPED TODAY

- Phonemic cuing (first sound/letter)
- Semantic cuing (describing category or use)
- Written cuing (writing key word)
- Gesture / pointing
- Slowing down the pace
- Other: _____

CARRY-OVER ACTIVITY ASSIGNED FOR TODAY

Activity / module reference:

Did the survivor attempt it? ☐ Yes ☐ No ☐ Partially

Observations:

QUESTIONS / NOTES FOR THERAPIST



30-DAY PROGRESS SNAPSHOT

HOW TO USE THIS TRACKER

At the end of each day, rate the survivor's overall communication performance on a scale of 1–4 and color-code or mark the box. At the end of 30 days, the pattern tells a story of progress.

1 = Significant difficulty

2 = Moderate difficulty

3 = Mostly successful

4 = Strong performance

Day 1 Rating: Note:	Day 2 Rating: Note:	Day 3 Rating: Note:	Day 4 Rating: Note:	Day 5 Rating: Note:
Day 6 Rating: Note:	Day 7 Rating: Note:	Day 8 Rating: Note:	Day 9 Rating: Note:	Day 10 Rating: Note:
Day 11 Rating: Note:	Day 12 Rating: Note:	Day 13 Rating: Note:	Day 14 Rating: Note:	Day 15 Rating: Note:
Day 16 Rating: Note:	Day 17 Rating: Note:	Day 18 Rating: Note:	Day 19 Rating: Note:	Day 20 Rating: Note:
Day 21 Rating: Note:	Day 22 Rating: Note:	Day 23 Rating: Note:	Day 24 Rating: Note:	Day 25 Rating: Note:

Note:	Note:	Note:	Note:	Note:
Day 26 Rating:	Day 27 Rating:	Day 28 Rating:	Day 29 Rating:	Day 30 Rating:
Note:	Note:	Note:	Note:	Note:

30-DAY REFLECTION

The skill that improved the most this month:

The challenge that still needs the most work:

One moment from this month I want to remember:

My goal for next month:



GENERAL NOTES/PERSONAL REFLECTIONS