

EXPLANATION OF A SOAP NOTE

After the therapy session, a SOAP note should be written daily or weekly (depending on the site to document what happened during the therapy session). As required for any legal document you must use BLACK ink and SIGN YOUR NAME at the end of the SOAP note. If you make a mistake, put one line through the error and initial it. Do not scribble through the error. An auditor must be able to read the error information as well as the corrected version. Remember that your SOAP note will become part of the client's permanent folder and is considered to be a legal document. It will be read by the physicians and other professionals. The following sections should be included on the SOAP note:

Subjective: The information provided by the parent, client, caregiver, teacher. This includes symptoms, explanations of contributing factors, observations, and anything relevant that family or staff tells you about this client.

Objective: All objective data collection, including objective testing, should be stated to document whether or not progress toward short and long-term goals has been made.

Example: (In a medical setting, monthly treatment plans are often used. The following is recommended to report progress at a glance for the monthly summary SOAP.)

Goals	Baseline	Previous Level	Current Level	Status
1) Mr. M will orally name common objects with 80% accuracy.	1/2/04 50%	1/15/04 65%	1/30/04 80%	goal met
2) Mr. M will write the names of common objects with 80% accuracy.	1/2/04 30%	1/15/04 40%	1/30/04 55%	improved continue

Assessment: This is your assessment of the client's communication status and your evaluation of the problem based on the subjective and objective findings above. Physicians, other health-related professionals, and caregivers often will read this section only. Therefore, you must also describe the client's current communication status, strengths, and weaknesses. Describe not only his/her deficits, but also how the client communicates.

Plan: Consists of 3 parts: (1) State the plans for any further diagnostic testing that should be done; (2) plan of treatment; (3) lesson plan

SAMPLE SOAP NOTE #1

S: Mr. H's wife was present during therapy today. She reported that he seems to understand more of her conversations. The charge nurse reported that his physician has prescribed pain medication as needed as well as an antidepressant.

O:

Goals	Baseline	Previous Level	Current Level	Status
1) Mr. M will orally name common objects with 80% accuracy.	1/2/04 25%	1/15/04 40%	1/30/04 40%	continue
2) Mr. M will write the names of common objects with 80% accuracy.	1/2/04 60%	1/15/04 75%	1/30/04 80%	met

A: Mr. H has demonstrated very good progress. Both receptive and expressive language skills have improved compared to baseline. Mr. H is not able to orally communicate wants, needs, and feelings. His language comprehension is very good. The best way to communicate with Mr. H is to present questions that require yes/no responses and head nods. For example: Are you hungry? Are you in pain?

P: Continue speech-language therapy 5 times per week for 3 more months. Continue to practice oral naming of common objects, and oral motor exercises. Assess written naming skills and oral reading.

SAMPLE SOAP NOTE #2

S: J's mother reported that he will not be able to attend therapy next week because the family will be out of town. J was very distracted today. He had difficulty sitting in his chair and attending to the tasks. J's mother reported that he had a candy bar and a Coke on the way to therapy.

O: J met his goal. During this week he has produced initial, medial, and final /l/ with 80% accuracy in words.

A: J is demonstrating good progress. He continues to improve his production of the /l/ in all positions in single words.

P: J will produce target /l/ words in longer utterances. Activity 1: The client will review the production of /l/ when shown picture cards containing /l/ in all positions. Activity 2: The client will produce the target words used in the review in short 2-3 word phrases. When the target is produced accurately, the client will take a turn playing Candy Land. If the target word is misarticulated, the clinician will present a model for J to imitate.

SAMPLE SOAP NOTE #3

S: B was seen by Ms. Johnson for dyslexia therapy. He was attentive and worked hard at mastering his goals.

O: B read aloud from a book he brought to therapy. His reading rate was an average of 150 words per minute for 3 trials. Errors during the oral reading consisted of final /s/ omission, and vowel substitutions. For example, “causes” became “cause”, “means” became “mean”, and “pike” became “pick”. Word substitutions were also noted. For example, “has” became “have”, and “auditorium” became “audience”. B also read 20% of pairs of real and nonsense words accurately without cues from the clinician. For example, the target list of 20 pairs of words included: pike/pik, mut/mute/ pik/pak, mad/made, pit/pite, pat/pate, sat/sate.

Whenever possible, add previous objective measures and compare with Current measure in a table as seen in sample #1

A: When B substituted words during oral reading, his response had similar characteristics to the target word. He has begun to self-monitor his oral reading as evidenced by his self-corrected words. In addition, when the clinician asked him to read the word “enormous”, B underlined the prefix first, then the root, and subsequently the suffix as he orally segmented the chained sounds together to formulate the word correctly. Progress toward segmenting, chaining, and identifying the prefix, suffix, and root words has improved his reading skills for accuracy on unfamiliar words.

- P: 1 B will read aloud. The clinician will (a) time the reading to determine an average reading rate; (b) identify and tabulate the error words during oral reading, as well as the self-corrected errors, and (c) look for patterns of errors.
- 2 The clinician will review the vowel chart of the ADD program with regard to jaw position and long versus short vowels.
- 3 To demonstrate the rule that short vowel sounds change to long vowel sounds with the addition of /e/ at the end of the word, B will independently generate 10 examples of word pairs. For example, in the words mik/mike, pat/pate the vowel sound changes from short to long with the addition of /e/ at the end of the target word.