



RESOURCE: PATIENT-CENTERED, DETAILED EDUCATION FORMS FOR STAFF/OTHER CAREGIVERS & FAMILY

Medical SLPs often require opportunities for structured education sessions for in-servicing regarding specific patient precautions, recommendations, tips and strategies.

The following forms were created for SLPs to utilize in facilities, home health or clinics -- in order to relay the details of pertinent, specific information in order to achieve established patient goals (focusing on the day-to-day carryover of recommendations, given clinician assessment, insight and therapeutic evidence/content):

- **RESOURCE: Patient-Centered, Detailed Education Form (Staff/Other Caregiver Version)**
- **RESOURCE: Patient-Centered, Detailed Education Form (Family/Loved Ones Version)**

Each form contains an attached signature page for verification of attendance/presence of participation.

Clinicians can opt to print each component form individually through setting preferences, as this resource includes all components in totality.



RESOURCE: Patient-Centered, Detailed Education Form (Staff/Other Caregiver Version), page 1

The patient demonstrates the following condition or symptom: _____.

The purpose of this training is to: _____

Equipment related to training: _____

Info. that is important for (circle if applies) SAFETY, FUNCTION, COMMUNICATION RIGHTS, EFFECTIVENESS, OTHER (list: _____):

1. _____

2. _____

3. _____

4. _____

5. _____

Details on demonstration of techniques, strategies, etc.:

-
-
-
-
-

SPECIAL CONSIDERATIONS: _____

Staff or other caregiver factors: _____



RESOURCE: Patient-Centered, Detailed Education Form (Staff/Other Caregiver Version), page 2

Needed Input from you as a staff member/other caregiver that is vital to the patient’s care:

BENEFITS OF THE RECOMMENDED TECHNIQUES THAT HAVE BEEN: OBSERVED/ANTICIPATED (circle one):

1. _____
2. _____
3. _____

Focusing on _____ will likely result in the outcome of _____.

Other things to keep in mind:

-
-
-

Please report back to the clinician if any of the following observations occur:

- 1.
- 2.
- 3.

Or, if there are any questions or concerns.

Thank you for your time, attention and follow-through on the content of this training. Thanks for what you do!

Clinician	Role	Date

SPEECH PATHOLOGY PATIENT: _____

SPEECH PATHOLOGIST: _____

SPECIAL INSTRUCTIONS: _____

_____ | DATE: _____



RESOURCE: Patient-Centered, Detailed Education Form (Staff/Other Caregiver Version), Signature Page

Patient Name:

Subject of Training:

Name of participant	Role	Department	Date
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*= In signing this form, the participant recognizes their attendance in the training and their understanding of the content of the information. Questions were posed if indicated, and participant recognizes that they comprehended the material of the presentation/in-service.

RESOURCE: Patient-Centered, Detailed Education Form (Family/Loved Ones Version), page 1



The patient demonstrates the following condition or symptom: _____.

The purpose of this training is to: _____

_____.

Equipment related to training: _____

_____.

Info. that is important for (circle if applies) SAFETY, FUNCTION, COMMUNICATION RIGHTS, EFFECTIVENESS, OTHER (list: _____):

1. _____

2. _____

3. _____

4. _____

5. _____

Details on demonstration of techniques, strategies, etc.:

-
-
-
-
-

SPECIAL CONSIDERATIONS: _____

Family/loved one factors: _____



RESOURCE: Patient-Centered, Detailed Education Form (Family/Loved Ones Version), page 2

Needed Input from you as a family member/loved one that is vital to the patient’s care:

BENEFITS OF THE RECOMMENDED TECHNIQUES THAT HAVE BEEN: OBSERVED/ANTICIPATED (circle one):

1. _____
2. _____
3. _____

Focusing on _____ will likely result in the outcome of _____.

Other things to keep in mind:

-
-
-

Please report back to the clinician if any of the following observations occur:

- 1.
- 2.
- 3.

Or, if there are any questions or concerns.

Thank you for your time, attention and follow-through on the content of this training. Thanks for what you do!

Clinician	Role	Date



RESOURCE: Patient-Centered, Detailed Education Form (Family/Loved Ones Version), Signature Page

Patient Name: _____

Subject of Training: _____

Name of participant	Role	Date

*= In signing this form, the participant recognizes their attendance in the training and their understanding of the content of the information. Questions were posed if indicated, and participant recognizes that they comprehended the material of the presentation/in-service.