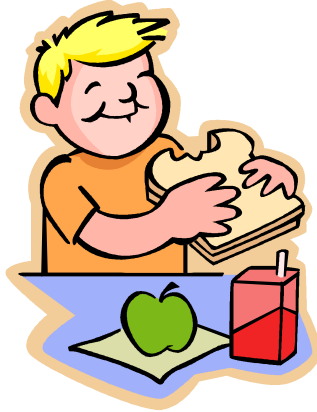


Name: _____

Date: _____

Speech and Language Home Activities

Meal Time



Goal: _____

Activity: _____

Practice Log						
Mon	Tues	Wed	Thurs	Fri	Sat	Sun