



SPEECH AND LANGUAGE EVALUATION REPORT

Name: _____ Birthdate: _____ Age: _____ Student # _____
 Date: _____ Screening Initial Evaluation Re-evaluation Dismissal
 Examiner: _____ Reviewed by: _____
 Employee # _____ Translator _____
 School: _____ Grade: _____ Exceptionality _____ Teacher: _____
 Native Language/Dialect: _____ Evaluation Conducted in: _____
 ESOL Level: _____ Verbal IQ: _____ Develop./Perform.Score: _____

Hearing Screening at _____ dB <input type="checkbox"/> Pass <input type="checkbox"/> Fail							Oral Peripheral Exam <input type="checkbox"/> WNL for Speech Production Comments: _____ _____ _____
Threshold Testing Results							
	500Hz	1K	2K	4K	6K	8K	
R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BEHAVIORAL OBSERVATIONS (Indicate all that apply)

ATTENDING/RESPONDING BEHAVIORS	<input type="checkbox"/> WNL <input type="checkbox"/> DISTRACTIBLE <input type="checkbox"/> ERRATIC/INCONSISTENT <input type="checkbox"/> OTHER:
LEVEL OF ACTIVITY	<input type="checkbox"/> WNL <input type="checkbox"/> ACTIVE <input type="checkbox"/> IMPULSIVE <input type="checkbox"/> LETHARGIC <input type="checkbox"/> OTHER:
SOCIAL INTERACTION	<input type="checkbox"/> WNL <input type="checkbox"/> SHY/WITHDRAWN <input type="checkbox"/> FRIENDLY/TALKATIVE <input type="checkbox"/> OTHER: <input type="checkbox"/> REDUCED EYE CONTACT
COMPLIANCE	<input type="checkbox"/> COOPERATIVE <input type="checkbox"/> OPPOSITIONAL <input type="checkbox"/> OTHER
RELIABILITY OF SCORES:	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> POOR

DIAGNOSTIC IMPRESSIONS (Indicate the description that best applies)

Speech/language appears to be commensurate with age/developmental level. Withheld pending additional data

Speech/language disorder negatively impacts overall communication, preacademic/academic learning, vocational or social adjustment.

Factors other than a speech/language disorder appear to be interfering with learning/functioning.

RECOMMENDATIONS

WITHHELD PENDING ADDITIONAL DATA NO FURTHER TESTING NEEDED REFER FOR ELIGIBILITY/INELIGIBILITY

ARTICULATION VOICE FLUENCY LANGUAGE ADDITIONAL TESTING NEEDED

BILINGUAL PSYCHOMETRIC ESOL OTHER

SUMMARY:

Name: _____ Birthdate: _____ Age: _____ Student # _____

METHOD USED: FORMAL INFORMAL (COMMUNICATION SAMPLE, NARRATIVE ANALYSIS, ETC.)

Tests not normed with: bilingual population for this age group

LANGUAGE:		RECEPTIVE		
Instrument/Subtest	Raw Score	Stand. Score	S.D.	Age Equiv.

LANGUAGE:		EXPRESSIVE		
Instrument/Subtest	Raw Score	Stand. Score	S.D.	Age Equiv.

Strengths

Weaknesses

Semantics
(Content):

Syntax/Morphology
(Form):

Pragmatics
(Function):

ARTICULATION / PHONOLOGY

INSTRUMENTS / PROCEDURES

RESULTS

INTELLIGIBILITY (CONNECTED SPEECH) GOOD FAIR POOR

STIMULABILITY FOR CORRECT PRODUCTION GOOD FAIR POOR

FLUENCY

VOICE

INSTRUMENTS/ PROCEDURES		INSTRUMENTS/ PROCEDURES	
RATE OF SPEECH	<input type="checkbox"/> NORMAL <input type="checkbox"/> SLOW <input type="checkbox"/> RAPID <input type="checkbox"/> UNEVEN	QUALITY	<input type="checkbox"/> NORMAL <input type="checkbox"/> HOARSE <input type="checkbox"/> STRAINED <input type="checkbox"/> HARSH <input type="checkbox"/> OTHER
TYPE OF DISFLUENCY	<input type="checkbox"/> BLOCKS <input type="checkbox"/> REPETITIONS <input type="checkbox"/> PROLONGATIONS	PITCH	<input type="checkbox"/> NORMAL <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/> OTHER
LEVEL WITHIN UTTERANCE	<input type="checkbox"/> SOUND <input type="checkbox"/> SYLLABLE <input type="checkbox"/> WORD <input type="checkbox"/> PHRASE	INTENSITY	<input type="checkbox"/> NORMAL <input type="checkbox"/> LOUD <input type="checkbox"/> SOFT <input type="checkbox"/> OTHER
FREQUENCY	<input type="checkbox"/> <6% <input type="checkbox"/> 6% TO 12% <input type="checkbox"/> >12%	RESONANCE	<input type="checkbox"/> NORMAL <input type="checkbox"/> HYPERNASAL <input type="checkbox"/> HYPONASAL <input type="checkbox"/> OTHE
SECONDARY SIGNS	<input type="checkbox"/> NA <input type="checkbox"/> TENSION <input type="checkbox"/> FACIAL GRIMACES <input type="checkbox"/> OTHER	MEDICAL CLEARANCE	<input type="checkbox"/> PENDING <input type="checkbox"/> DIAGNOSIS
SUPPORTIVE DATA	<input type="checkbox"/> TEACHER <input type="checkbox"/> PARENT <input type="checkbox"/> STUDENT	SUPPORTIVE DATA	<input type="checkbox"/> TEACHER <input type="checkbox"/> PARENT <input type="checkbox"/> STUDENT