



Speech-Language Evaluation Report

Student Name:	Date of Birth: / /	Age:	Bibb ID#:
Current Placement:		Date of Evaluation: / /	
Attending School:	Teacher:	Grade:	Race:
Parent(s):		Address:	

Referral Source: _____ If other, please specify: _____

Reason for Referral: _____

Assessment Results

Vision: Date: _____ Type of Testing: _____ Results: _____ Comments: _____

Hearing: Date: _____ Results: _____ Comments: _____

Oral Peripheral Structure/Functioning: Date: _____ Results: _____ Comments: _____

Articulation

Date: _____ Assessed: _____ Results: _____

Test Administered: _____ If other, please specify: _____

Standard Score: _____ Percentile Rank: _____ Test Age Equivalence: _____

Errors noted in formal assessment:

___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F
___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F
___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F
___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F
___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F	___/___ I M F

Blends: _____

Connected Speech Sample:

Baseline Measurements (CPAC probes, CAAP Phonological Analysis, etc.):

Phoneme/Process	Imitative Words	Imitative Sentences	Connected Speech

Auditory Discrimination:

Ability to hear differences between correct and incorrect productions:

Ability to hear differences between correct and incorrect productions in their own speech:

Language

Date Completed: _____ Assessed: _____ Results: _____

Formal Tests Administered:

SLP:	Date:	If other, please specify:	Total Test Standard Score: ; %ile: Age- Equiv.	Receptive Language: SS ; %ile: A-E:	Expressive Language: SS ; %ile: A-E:	Total Test Score Results: Rec. Lang. Results: Exp. Lang. Results:
SLP:	Date:	If other, please specify:	Total Test Standard Score: ; %ile: Age- Equiv.	Receptive Language: SS ; %ile: A-E:	Expressive Language: SS ; %ile: A-E:	Total Test Score Results: Rec. Lang. Results: Exp. Lang. Results:
SLP:	Date:	If other, please specify:	Total Test Standard Score: ; %ile: Age- Equiv.	Receptive Language: SS ; %ile: A-E:	Expressive Language: SS ; %ile: A-E:	Total Test Score Results: Rec. Lang. Results: Exp. Lang. Results:
SLP:	Date:	If other, please specify:	Total Test Standard Score: ; %ile: Age- Equiv.	Receptive Language: SS ; %ile: A-E:	Expressive Language: SS ; %ile: A-E:	Total Test Score Results: Rec. Lang. Results: Exp. Lang. Results:
SLP:	Date:	If other, please specify:	Total Test Standard Score: ; %ile: Age- Equiv.	Receptive Language: SS ; %ile: A-E:	Expressive Language: SS ; %ile: A-E:	Total Test Score Results: Rec. Lang. Results: Exp. Lang. Results:
SLP:	Date:	If other, please specify:	Total Test Standard Score: ; %ile: Age- Equiv.	Receptive Language: SS ; %ile: A-E:	Expressive Language: SS ; %ile: A-E:	Total Test Score Results: Rec. Lang. Results: Exp. Lang. Results:
SLP:	Date:	If other, please specify:	Total Test Standard Score: ; %ile: Age- Equiv.	Receptive Language: SS ; %ile: A-E:	Expressive Language: SS ; %ile: A-E:	Total Test Score Results: Rec. Lang. Results: Exp. Lang. Results:
SLP:	Date:	If other, please specify:	Total Test Standard Score: ; %ile: Age- Equiv.			Total Test Score Results:

Informal Language Sample:

Content	Results	Observations:
Form	Results	Observations:
Use	Results	Observations:

Fluency

Date: _____ Assessed: _____ Results: _____

Tests Administered:

_____ Score: _____ %ile: _____ Severity Rating: _____

_____ Score: _____ %ile: _____ Severity Rating: _____

If other, please specify: _____

Informal Assessment:

Rote Responses	% words stuttered	Reading aloud	% words stuttered
Imitative Responses	% words stuttered	Questions and Answers	% words stuttered
Picture naming	% words stuttered	Conversation	% words stuttered

Dysfluency Types: Whole word repetitions Part-Word Repetitions Prolongations Blocks (Duration: _____)
 Word Substitutions Starters Fillers

Secondary/Struggling Behaviors:

Student's description of the problem:

Voice

Date: _____ Assessed: _____ Results: _____

Tests Administered:

_____ Score: _____ %ile: _____

Pitch: _____ Range: _____ Intensity: _____ Rate: _____ Quality: _____ Vocal Fold Approximation: _____

Nasal Resonance: _____ Oral Resonance: _____ Respiratory Function: _____ Muscle Tension: _____

Tension Sites Observed: _____ Related Observations: _____

Vocal Abuse (explain): _____ Onset (explain): _____

Summary of Evaluation Findings

SI Evaluation Report Completed by: _____

Due Process Review Team:

Date Reviewed: _____

There is sufficient data to determine eligibility

There is not sufficient data to determine eligibility

Team Members:
