# Speech-Language Evaluation Report Template

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| Student Name: | Examiner: |
| Sex: | School: |
| District: | Grade: |
| Teacher: | Date of Birth: |
| Date of Evaluation: | C.A.: |

**I. Purpose of Evaluation**

This speech and language evaluation was requested to determine if the student meets the Tennessee Department of Education eligibility standards for disability.

This is a re-evaluation in order to determine if the student meets the Tennessee Department of Education eligibility standards as speech and/or language impaired. (See re-evaluation summary in student’s special education file.)

A speech and language evaluation was requested to gather more information to be used in planning the IEP.

This assessment is part of a comprehensive evaluation involving other disciplines, which includes:

School Psychologist Special Educator Occupational Therapy Physical Therapy

**II. Background Information and Assessment Observations** (all fields must be completed)

Relevant Developmental and Medical History: (please summarize information from the parent-completed case history form)

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Pre-referral Interventions and Outcomes:

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Teacher Input and Observations forms are attached. Summarize information:

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Parent Information is attached. Summarize information:

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During the assessment the student was:  Cooperative  Attentive  Distracted  Other

If other, please explain:

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Test results are considered valid

Test results should be viewed with caution, as they may not indicate an accurate current level of communicative abilities.

Comments:

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**III. Environmental Considerations and Dialectal patterns**

Is the student an English learner?  Yes  No

If yes, is the student English language proficient?  Yes  No

If the student is an EL, please summarize the EL interventions and service history:

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Home language (L1): Student’s Dominant language:

**IV. Hearing and Vision**

Hearing: Choose an item. Date of Screening: Click here to enter a date.

If the student failed the most recent screening, please provide current communication with parents/guardians:

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Vision: Choose an item. Date of Screening: Click here to enter a date.

If the student failed the most recent screening, please provide current communication with parents/guardians:

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**V. Speech Assessment**

**A. Articulation** Test:

Articulation error sounds/patterns which were produced, and which are considered below normal limits for a child this age include the following:

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|  | Substitution | Deletion | Distortion |
| Initial |  |  |  |
| Medial |  |  |  |
| Final |  |  |  |

Phonological Error Patterns

*(Patterns checked should not be used by a child this age)*

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| --- | --- |
| Initial consonant deletion (up for cup) | Final consonant deletion (do for dog) |
| Weak syllable deletion (tephone for telephone) | Intervocalic deletion (teephone for telephone) |
| Cluster reduction (sove for stove, cown for clown) | Voicing/Devoicing (bear for pear, koat for goat) |
| Stopping (tun for sun, pour for four) | Backing (kable for table) |
| Fronting (tup for cup, thun for sun) | Stridency deviation (soe for shoe, fumb for thumb) |
| Liquid simplication (wamp for lamp, wed for red) | Deaffrication (tair for chair, dump for jump) |

The student exhibited developmental speech sound errors affecting:

Speech sound errors that have time to develop based on the student’s age:

The error sounds found not stimulable through the word level include:

Informal conversational speech sample exhibited developmental sound errors?

Are the conversational speech errors consistent with errors in formal testing?

If no, explain:

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Intelligibility of conversational speech:

In known contexts:  Good  Fair  Poor

Percent of intelligibility in known context: %

In unknown contexts:  Good  Fair  Poor

Percent of intelligibility in unknown contexts: %

Articulation and/or phonological norms used:

The same norms were used for sounds in words/sentences/conversation, and consistently across the district?

If no, please explain:

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Based on formal and informal assessment:

No identified articulation/phonological error pattern problem

Articulation/Phonological error pattern problem identified

If problem identified, summarize the adverse impact in the educational setting (i.e., grades, work samples, etc.):

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**B. Oral Peripheral Exam**

Oral structures and movements appear adequate for speech production  Deviations observed. If so, please explain:

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**C. Voice** Test:

Appropriate for sex and age

Not appropriate for sex and age. Please explain:

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If voice was found to be inappropriate, explain the adverse impact in the educational setting (i.e., grades, work samples, etc.):

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If not appropriate, has the parent/guardian consulted with their medical doctor?

D. **Fluency** Test:

Appropriate for age

Inappropriate for age

If fluency was assessed, provide detailed formal and informal test results below:

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Student’s attitude towards stuttering: (include student and/or parent interview as an attachment)

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If fluency was found to be inappropriate, explain the adverse impact in the educational setting (i.e., grades, work samples, etc.):

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**VI. Language Assessment**

A minimum of one comprehensive standardized measure of receptive and expressive language. Also, at minimum one additional standardized measure to support the comprehensive assessment. Pragmatics should be assessed if identified as an area of concern during referral and/or reevaluation.

**Comprehensive assessment(s):** (minimum of one)

Test:

Receptive Score: Expressive Score: Total Score:

Narrative: (Describe subtest scores, skills assessed, explanation of score in terms of normalcy and exceptionality)

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Test:

Receptive Score: Expressive Score: Total Score:

Narrative: (Describe subtest scores, skills assessed, explanation of score in terms of normalcy and exceptionality)

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**Additional standardized assessment(s):** (minimum of one)

Test:

Narrative: (Define skills assessed, explanation of score in terms of normalcy and exceptionality)

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Test:

Narrative: (Define skills assessed, explanation of score in terms of normalcy and exceptionality)

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Test:

Narrative: (Define skills assessed, explanation of score in terms of normalcy and exceptionality)

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**Informal language sample reveals appropriate:**

Syntax: Semantics: Pragmatics:

Was a Functional Communication Assessment completed?

Please explain the results is completed. If not completed, please explain why it was not necessary:

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Summary/overall Impressions of formal, informal, and functional communication language assessments:

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If inappropriate language is indicated, explain the adverse impact in the educational setting (i.e. grades, work samples, etc.) :

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**VII. Effects on Educational Performance (Based on data collection)**

Does not adversely affect educational performance.

Does adversely affect educational performance.

**VIII. Diagnostic Impressions**

This student does meet the eligibility standards for the following impairments:

Language Impairment  Speech Impairment in the area(s):

Severity Rating Scales have been completed and attached

Summarize the Severity Rating Scale:

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**IX: Recommendations**

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*This report is submitted to the IEP team for consideration when making decisions regarding placement and programming.*

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*Speech-Language Pathologist*