

Language Impairment

Assessment Documentation

School System _____

School _____

Grade _____

Student _____

Date of Birth ____/____/____

Age ____

1. Language Impairment Definition		
There is a significant deficiency not consistent with the student's chronological age in one or more of the following areas		
○ deficiency in receptive language skills to gain information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ deficiency in expressive language skills to communicate information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ deficiency in processing (auditory perception) skills to organize information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Language Impairment Evaluation Procedures		
▪ at least 1 standardized comprehensive measure of language ability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ receptive, expressive, and/or composite test scores fall ≥ 1.5 SDs below mean of language assessment instrument(s) administered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ includes at least 2 measures—criterion-referenced and/or norm-referenced instruments, functional communication analyses, and language samples	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ hearing screening completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ receptive language: vocabulary, syntax, morphology completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ expressive language: MLU, syntax, semantics, pragmatics, morphology completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ auditory perception: selective attention, discrimination, memory, sequencing, association, and integration completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documentation (observation and/or assessment) of how Language Impairment adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Speech and Language Pathologist

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Speech Impairments

Assessment Documentation

School System _____

School _____

Grade _____

Student _____

Date of Birth ____/____/____

Age ____

1. Speech Articulation Impairment Definition		
There is a significant deficiency in ability to produce sounds in conversational speech not consistent with student's chronological age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech Articulation Impairment Evaluation Procedures		
<ul style="list-style-type: none"> ▪ documentation of articulation error(s) that persist 1 year beyond the highest age when 85% of students have acquired the sounds based upon current developmental norms 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ evidence that the child's scores are at a moderate, severe, or profound rating on a measure of phonological processes 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
evaluation of articulation abilities include		
<ul style="list-style-type: none"> ○ appropriate formal/informal instrument(s) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ stimulability probes 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ oral peripheral examination 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ analysis of phoneme production in conversational speech 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ documentation (observation and/or assessment) of how Articulation Impairment adversely impacts educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Speech Voice Impairment Definition		
There is an excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech Voice Impairment Evaluation Procedures		
<ul style="list-style-type: none"> ▪ hearing screening 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ oral peripheral examination 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ documentation (observation and/or assessment) of how Voice Impairment adversely impacts educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Speech Fluency Impairment Definition		
There is abnormal interruption in the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech Fluency Impairment Evaluation Procedures		
<ul style="list-style-type: none"> ▪ hearing screening 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ documentation (observation and/or assessment) of how Fluency Impairment adversely impacts educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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