

(District Name)

## Communication Written Report

Date(s) of Evaluation: \_\_\_\_\_

Student's Full Name:		SSID:	
Date of Birth:		Grade:	
School:		Communication Assessment:	

This information is being provided to the ARC for the purposes of:

- initial evaluation of speech-language skills (*Comprehensive assessment*)
- reevaluation of speech-language skills (*comprehensive or skill-specific assessment*)
- Other, specify :

Contributors (Name/Title):

Speech-Language Pathologist:		Parent/Guardian:	
Regular Education Teacher:		Special Education Teacher (if applicable):	
Other Contributors:			

Hearing Screening:

- passed screening at 20 dB on : \_\_\_\_\_ (date of screening)
- failed screening at 20 dB on : \_\_\_\_\_  
(report results of medical/audiological follow-up)

Comments:

Oral Examination:

- structure and function within normal limits on \_\_\_\_\_ (date of evaluation)

Other, specify :

Communication Screening (check all areas found to be within normal limits):

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Speech Sound Production and Use | <input type="checkbox"/> Fluency |
| <input type="checkbox"/> Language                        | <input type="checkbox"/> Voice   |

# Communication Written Report

Student's Full Name:		SSID:	
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## Speech-Language Assessment Summary

(Summarize formal and informal assessment information, present level of performance, and any adverse effect on educational performance.)

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### Other:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's communication difference is due to use of regional dialect or nonstandard English. (If yes, the assessment must reflect consideration of these issues.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student speaks two or more languages and/or is unfamiliar with the English language. (If yes, the assessment must reflect consideration of these issues.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	There is evidence that the student's communication disorder adversely affects his/her educational performance. (Supportive documentation must be summarized in this report on the appropriate Rating Scale.)

Speech/Language Pathologist(s) Signature		
	Date	