

Language Assessment Summary

Date: _____

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

1. FUNCTIONAL/NONSTANDARDIZED ASSESSMENT RESULTS:

Measure Used:	Findings:

2. STANDARDIZED/NORM-REFERENCED TEST RESULTS

	Non-Disabling	Mild	Moderate	Severe
Standard Deviation	X	-1 1/3 to -1 2/3	-1 2/3 to -2	-2 or more
Percentile	above the 9 th	9 th to 5 th	4 th to 2 nd	below the 2 nd
Name of test(s)/subtests(s) <i>Record Standard Score(s) in appropriate severity level</i>				

3. INFORMAL ASSESSMENT INFORMATION (information from observation, interview, etc.)

