(District Name)

# Language Assessment Summary

**Date:** _____

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

## 1. FUNCTIONAL/NONSTANDARDIZED ASSESSMENT RESULTS:

| Measure Used: | Findings: |
|---|---|
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## 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 9th | 9th to 5th | 4th to 2nd | below the 2nd |
| **Name of test(s)/subtests(s)** *Record Standard Score(s) in appropriate severity level* | | | | |
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## 3. INFORMAL ASSESSMENT INFORMATION (information from observation, interview, etc.)

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