SAMPLE FORMAT Speech-Language Evaluation Report

Name: 
Parents: 
Address: 
Telephone: 

Date of Birth: 
Chronological Age: 
Date of Evaluation: 

Clinicians: 
Clinical Instructor: 

Case Manager: (if applicable) 
Client Assist: (if applicable)

SPEECH-LANGUAGE EVALUATION REPORT

STATEMENT OF THE PROBLEM

HISTORY

TESTS AND OBSERVATIONS

Behavior/Attention/Memory: (Choose those applicable)

Hearing:
Oral-Facial:
Articulation:

Language:
  Receptive:
  Expressive:

Cognition/Memory:

Fluency:

Voice and Speech Breathing:

Resonance
Prosody
Phonological Awareness

SUMMARY and RECOMMENDATIONS

Student Clinician

Clinical Instructor

xc: if applicable

The Department of Speech, Language, and Hearing Sciences
The University of Arizona