

# Communication Written Report

**Date(s) of Evaluation:**

**District:**

|                      |  |                           |  |
|----------------------|--|---------------------------|--|
| 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<br>(if applicable): |  |
| Other Contributors:          |  |   |  |

**Hearing Screening:**

- |  |   |
|--|---|
| <input type="checkbox"/> passed screening at 20 dB on <i>(date of screening)</i> | <input type="checkbox"/> failed screening at 20 dB on <i>(report results of medical/audiological follow-up)</i> |
|--|---|

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: |  |
|----------------------|--|-------|--|

### Speech-Language Assessment Summary

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

Other:

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

|   |      |  |
|---|------|--|
| <b>Speech/Language Pathologist(s) Signature</b> |      |  |
|   | Date |  |