

## Enter District Name Here 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
<b>Standard Deviation</b>	X	-1 1/3 to -1 2/3	-1 2/3 to -2	-2 or more
<b>Percentile</b>	above the 9 <sup>th</sup>	9 <sup>th</sup> to 5 <sup>th</sup>	4 <sup>th</sup> to 2 <sup>nd</sup>	below the 2 <sup>nd</sup>
<b>Name of test(s)/subtests(s)</b> <i>Record Standard Score(s) in appropriate severity level</i>				

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