Exceptional Student Education

Speech Evaluation Report

☐ **Initial Evaluation** ☐ **Reevaluation**

Name:_____ Student ID:_____ DOB:_____Age: _____

School:_____ Grade:_____ Teacher: _____

Information gathered from: ☐ *Parent/Guardian* ☐ *Teacher* ☐ *Student (when appropriate)*

Hearing: ☐Pass ☐Fail Date:_____ Vision: ☐Pass ☐Fail Date: _____

ORAL PERIPHERAL Date: _____

Structure: ☐ Adequate ☐ Inadequate Function: ☐ Adequate ☐ Inadequate

Comments: _____

ARTICULATION Assessment Observation Date:_____Location: _____

Test	☐GFTA-3	☐ PAT-3	☐ ALPHA	☐ CAAP	☐ SCAT	☐ Other
Date						
Score						

List error phonemes that are significantly below expectations (initial & final position): _____

List Phonological Process Errors: _____

Intelligibility: ☐ Good ☐ Fair ☐ Poor Significant Impact: ☐ Yes ☐ No

FLUENCY Assessment Observation Date:_____Location:_____

Observation Date:_____Location:_____

	Date	Score	Dysfluencies Observed: *(check all that apply)*	Secondary Characteristics Observed *(check all that apply)*	Severity Rating
☐ SSI 3 or 4			☐ None ☐ Repetitions ☐ Prolongations ☐ Interjections ☐ Long Pause ☐ Blocks	☐ None ☐ Facial Grimaces ☐ Head Movements ☐ Noises ☐ Other	☐ Mild/Intermittent ☐ Significant/Persistent ☐ Within Normal Limits
☐ SPI					
☐ TOCS					
☐ 300-500 word speech					

☐ Smaller sample TOTAL % of Occurrence: _____

Rationale for smaller sample: _____

VOICE Assessment Observation Date Location

Assessment	Date	Results	Severity Rating
☐ Voice Evaluation ☐ Physician Report ☐ Medical Implication for Therapy ☐ Not a direct result or symptom of a medical condition		Atypical Voice Characteristics ☐ Pitch ☐ Loudness ☐ Resonance ☐ Duration of Phonation	☐ Mild/Intermittent ☐ Significant/Persistent

Continued on next page

Strengths Noted in the Evaluation:
Needs Noted in the Evaluation:
Additional Information:
Augmentative Communication Needs:

Speech Language Clinician Signature:_____Date: _____

Distribution: ___Therapist
___ESE
___Parent