



Exceptional Student Education
Language Evaluation Report

☐ Screening Date:_____ ☐ Initial Evaluation ☐ Re-evaluation

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:_____
(comment below)

☐ Based on results indicated on the screening instrument, conversational sample(s), and/or observation(s),
Pragmatic Language is an area of concern. See attached report.

Observation: Date:_____ Setting:_____

Standardized Norm-Referenced Language Assessment:

Date	Comprehensive Language Assessment	Score	Significant Results
	Global:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Supporting:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Additional:		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Language evaluation indicates significant results in the areas of:

☐ Semantics ☐ Syntax ☐ Morphology ☐ Phonology ☐ Pragmatics

The following areas are affected by the language deficits checked above:

☐ Listening Comprehension ☐ Oral Expression ☐ Social Interaction
☐ Reading Comprehension ☐ Written Expression ☐ Phonological Processing

Strengths noted in the evaluation:

Needs noted in the evaluation:

Speech-Language Pathologist Signature _____ Date: _____

Distribution: ☐ Therapist
☐ ESE
☐ Parent