



MT. DIABLO UNIFIED SCHOOL DISTRICT
SPECIAL EDUCATION

SPEECH/LANGUAGE
EVALUATION REPORT

1936 Carlotta Drive, Concord, CA 94519
Phone (925) 682-8000 or TDD 685-1962

FAX (925)687-3139
Community Advisory Committee (CAC)
Parent Resource Network (925)687-2129

Name _____ Student Number _____ Date _____
Birthdate _____ Age _____ Grade _____ Teacher _____ School _____
Purpose: Initial Assessment Annual Review 3-Year Reevaluation Administrative Placement Other
Assessor _____ Date(s) of Assessment _____

Background:

Relevant history/recent medical issues: _____

Independent assessment have been reviewed and considered: Yes Not Applicable

Hearing Screening:

Pass
 Fail
Date: _____
 Middle ear pathology _____

Primary Language:

English
 Spanish
 Other (specify) _____

Other services student currently receives:

Part Time Spec. Instr.
 Full Time Spec. Instr.
 DIS (specify) _____
 ESL/Bilingual
 Chapter I
 Other (specify) _____

Assessment Summary:

Fluency Indication:

No evidence of problems noted during evaluation observations

See Discussion of Findings

Voice Indications:

No evidence of problems noted during evaluation observations

See Discussion of Findings

Oral Peripheral Examinations:

Structures appear adequate for speech

See Discussion of Findings

Augmentative Communication Needs:

No evidence of need

See Discussion of Findings

Language Sample Analysis:

Not needed for this evaluation

See Discussion of Findings

Articulation Indications:

No evidence of problems noted during evaluation observations

See Discussion of Findings

Test Used: Goldman-Fristoe

Other (specify) _____

Sound	l	M	F	STIM	Sound	l	M	F	STIM
p					t				
m					sh				
n					ch				
w					l				
h					r				
b					j				
g					th				
k					v				
f					s				
d					z				
ng					th				
y									

Comments

Vowels _____ Blends _____

Speech/Language Evaluation Report

Name: _____

Discussion of Findings (continued)

Implication for Classroom/Home - including need for modifications/accommodations/special services.

Summary

Recommendations

I recommend that the IEP team consider:

<input type="checkbox"/> No speech services at this time	<input type="checkbox"/> Eligibility for speech services
<input type="checkbox"/> Continuation of speech services	<input type="checkbox"/> Exit from speech services

Signature of Speech/Language Pathologist

Date