

Please forward this form, with envelope, to Speech Pathologist.

**SPEECH/LANGUAGE
REPORT**

Claimant's Name _____
SSN: _____

A disability application has been filed on behalf of this student by the parent or guardian. We would appreciate receiving information on speech/language evaluation results, communication ability, and progress in speech therapy. Please complete and return this form within one week of receipt. Thank you.

1. Mode of communication: _____
(Oral, Sign, Total, Non-verbal, etc.)
2. Date of last formal speech and/or language evaluation: _____
3. Speech test(s) used: _____
 - a. Results: (Please provide standard scores or quotients, percentile ranks; identify error sounds, and comment on whether they are age-appropriate; comment on stimulability for error sounds.)

 - b. Conversational speech _____% intelligible out of context to unfamiliar listener.

 - c. Does intelligibility improve upon repetition? _____ Yes _____ No. If yes, improvement to _____%.
4. Oral Mechanism: _____
5. Voice/Fluency: _____

