*[press return 7 times to leave room for letterhead]*

**Speech-Language Evaluation**

**June XX, 201X**

**Client:** XX XXX **C.A.:** 4 years, 0 months

**Date of Birth:** May 12, 2011

**Address:** XX Road, Town, VT 05XXX

**Phone:** (802) XXX-XXXX

**Parents:** X & X Client

**Referral Source:** Dr. X X

**Graduate Clinician:** Student Clinician, B.A./B.S.

**Clinical Supervisor:** Supervisor, Ph.D., CCC-SLP

**Diagnosis and Code:** Diagnosis (XXX.XX)

**Referral Questions:**

1.

2.

**Background:**

Includes pertinent family, educational and medical history, gestational age, birth weight and developmental milestones and pregnancy information. Information from previous reports, interview with family, teachers, other professionals and case history forms.

Organization of this section will be based on nature of the referral and statement of problem. Level of detail is determined by age of client, complexity of diagnosis, etc.

Section should be organized to create a clear picture of the problem and provide details which are directly related to the presenting problem. Write “University of Vermont Eleanor M. Luse Center” when referring to the clinic.

**Non-standardized Assessment Findings:**

**Observations:**

Description of client, testing environment and general progress of evaluation. It is important to describe, but not label (i.e., Joey required significant cuing and direction to sit in his chair. Participation in testing was inconsistent so all standardized tests were not completed vs. Joey was hyper and uncooperative with testing). Perhaps some of these observations may lead us to say that results from certain portions of testing are not reliable due to behaviors during testing

Narrative description includes all general aspects of communication-unless referral is for testing in a very specific area (e.g. fluency, feeding, speech motor). Descriptions of some of the child’s responses during the evaluation can help families/clients to understand the reported information.

**Family** **Interview:** if applicable

**Standardized Assessment Findings:**

Results of standardized assessments including tabled scores and narrative summaries of performance.

**Tables/Charts/Graphs**: Tables should be labeled well enough to stand alone. Tables should include raw scores, standardized scores, confidence intervals (if applicable) and percentiles.

Level of detail will depend on how the test scores support the summary. For example, if the *CELF* was administered and subtests indicated significant variation in performance across subtests, it will be important to report the individual subtests and outline the child’s strengths and challenges. Narrative should accompany tables but not be redundant.

**Table 1. *XXX* Results**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***XXX*** | **XXX** | | | **XXX** | | |
|  | **Raw Score** | **Standard Score** | **Percentile Rank** | **Raw Score** | **Standard Score** | **Percentile Rank** |
| **Mother** | 24 | 39 | 16 | 22 | 36 | 5 |
| **Father** | 35 | 59 | 34 | 24 | 39 | 16 |

*Note: Percentile ranks between 16 and 84 indicate normal range, with 50th percentile representing the mean.*

**Summary and Interpretation:**

Presence of a “disability” or a “diagnosis” and any school eligibility documentation should be stated. XX presents with a diagnosis of “severe/mild/moderate” XX disorder based on the results of today’s assessment. Be specific about: type of communication disorder, severity, etiology (if possible), maintaining factors, and functional impact. Referral question must be specifically addressed.

Summarize the impressions of the client and the evaluation process. Do not restate everything you wrote in the assessment results section. The purpose is to analyze all the information and to summarize it in a succinct and clear manner.

Conclusions must be supported by the information/ data reported in the evaluation section. Do not restate scores -- be concise.

**Recommendations:**

Decisions about eligibility for services, specific service frequency and the programs that will be used for treatment are determined by the school team.

However, specific information about intervention related to specific disorders should be included (e.g., “…treatment for apraxia of speech should include frequent, short speech therapy sessions with a focus on having child produce a high volume of the target sound …”).

Referrals for additional testing (e.g., medical referrals, specialists, further evaluations, treatment). Do not refer to specific specialists/clinics, but to the needed services. Need to answer the question, “What happens next?”

The following recommendations were discussed with XX’s mother at the conclusion of today’s evaluation:

**1.**

**2.**

**3. etc.**

**Prognosis:**

Prognosis for improvement. XX’s prognosis is excellent based on the family commitment displayed during today’s evaluation, his speech history, his age, and pattern of development.

It was a pleasure to work with XX and his family today. If there are any questions or concerns regarding this report or the information contained within it, please contact the University of Vermont Eleanor M. Luse Center at (802) 656-3861.

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Student Name, B.A./B.S. XX XXX, Ph.D., CCC-SLP

Graduate Clinician Speech-Language Pathologist

Clinical Assistant/Associate Professor

**Reference(s):**

If applicable. Follow APA.

**Cc:**

WW & MM Client

XX Road

Town, VT 05XXX

*[check against Request for Report Distribution Form and include the family’s address]*

***Extra Notes about Dx Reports:***

- Last page must have more than just signatures

- Turn in the BEST POSSIBLE first draft!

- Carefully proofread as if you are the client

(no jargon or minor errors)

- First draft due 5 days after assessment

- Final signed draft due 2 weeks after assessment