

Results for Speech-Language Screening

Student Name: _____ School: _____

Teacher: _____ Grade: _____

Referred By: _____

Screened By: _____ Date Screened: _____

Hearing Results

Pass (Right at 25dB)

Refer (Right at 25dB)

Pass (Left at 25dB)

Refer (Left at 25dB)

Speech and Language Results

No further testing recommended. Speech and language skills are within normal limits for this student

From this screening it is determined that speech and language skills need to be evaluated in the following areas for this student.

Expressive & Receptive Language

Articulation/Phonology

Fluency

Voice Quality

Other _____

Speech and language skills will be monitored and will be rescreened on _____ for this student in order to determine if further evaluation is necessary.

Comments:

Screening results were discussed with _____

Date: _____

Contact _____ with further questions or concerns by
phone _____ or email _____