

Bath County School District

(District Name)

**Communication Written Report**

**Date(s) of Evaluation:** \_\_\_\_\_

Student's Full Name:		SSID:	
Date of Birth:		Grade:	
School:		Communication Assessment:	

This information is being provided to the ARC for the purposes of:

initial evaluation of speech-language skills (*Comprehensive assessment*)

reevaluation of speech-language skills (*comprehensive or skill-specific assessment*)

Other, specify : \_\_\_\_\_

**Contributors (Name/Title):**

Speech-Language Pathologist:		Parent/Guardian:	
Regular Education Teacher:		Special Education Teacher (if applicable):	
Other Contributors:			

**Hearing Screening:**

passed screening at 20 dB on : \_\_\_\_\_ (date of screening)

failed screening at 20 dB on : \_\_\_\_\_  
(report results of medical/audiological follow-up)

Comments: \_\_\_\_\_

**Oral Examination:**

structure and function within normal limits on \_\_\_\_\_ (date of evaluation)

Other, specify : \_\_\_\_\_

**Communication Screening (check all areas found to be within normal limits):**

<input type="checkbox"/> Speech Sound Production and Use	<input type="checkbox"/> Fluency
<input type="checkbox"/> Language	<input type="checkbox"/> Voice

## Communication Written Report

Student's Full Name:		SSID:	
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### Speech-Language Assessment Summary

(Summarize formal and informal assessment information, present level of performance, and any adverse effect on educational performance.)

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#### Other:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's communication difference is due to use of regional dialect or nonstandard English. (If yes, the assessment must reflect consideration of these issues.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student speaks two or more languages and/or is unfamiliar with the English language. (If yes, the assessment must reflect consideration of these issues.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	There is evidence that the student's communication disorder adversely affects his/her educational performance. (Supportive documentation must be summarized in this report on the appropriate Rating Scale.)

<b>Speech/Language Pathologist(s) Signature</b>		
	<b>Date</b>	