

F-22: SPEECH LANGUAGE EVALUATION REPORT

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NAME: *CLIENT NAME*
BIRTHDATE: *CLIENT D.O.B.*
TELEPHONE: *CLIENT PHONE #*
ADDRESS: *CLIENT ADDRESS*
CITY, STATE ZIP
FATHER: *NAME*
MOTHER: *NAME*
SCHOOL/GRADE: *(if client is child) or*
WORK: *(if client is adult)*
REFERRAL:

SPEECH/LANGUAGE EVALUATION REPORT

BY: _____
STUDENT CLINICIAN CLINIC SUPERVISOR

DATE OF EVALUATION: _____

I. BACKGROUND INFORMATION

Client name is a _____ year ____ month old [*boy/girl/male/female*] who was seen for a ____ evaluation on this date.

[Statement of problem and referral]

[Statement of developmental history, including: pregnancy, birth history, motor development of prelinguistic skills and speech]

[Medical history]

[Family history]

[School history and/or history of previous therapy]

II. ASSESSMENT PROCEDURES AND RESULTS

The following assessment procedures were administered:

A.

B.

III. IMPRESSIONS

[This section should indicate the clinician's overall impression and functioning capabilities of the individual and evaluative impressions.]

IV. RECOMMENDATIONS

[This should include any recommendations for the client's future concerning reevaluation and/or therapy and/or referral to other agencies.]

A.

B.

NOTE:

- Please type reports in the above format and adhere to standard outline form.
- The report should be single-spaced. Number all but the first page.
- Provide lines for signatures of supervisor and student clinician.
- For sample reports, please see your clinic supervisor for recommendations/examples.
- Previous reports may not be in the required format (as shown above).
- Do not use the terms "able" or "unable." Either the client did or did not do something.
- Grammar: Do not "tense shift."
- Reports should be turned in within 2 weeks of the evaluation.