

**F-22A: SPEECH LANGUAGE HEARING SCREENING REPORT**

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NAME: *CLIENT NAME*  
BIRTHDATE: *CLIENT D.O.B.*  
TELEPHONE: *CLIENT PHONE #*  
SCHOOL: *CLIENT'S SCHOOL*  
ADDRESS: *CLIENT ADDRESS*  
*CITY, STATE ZIP*  
REFERRAL/CONTACT:

**SPEECH/LANGUAGE SCREENING REPORT**

BY: \_\_\_\_\_  
STUDENT CLINICIAN CLINIC SUPERVISOR

DATE OF SCREENING: \_\_\_\_\_

I. BACKGROUND INFORMATION  
[Statement of problem]

II. ASSESSMENT PROCEDURES AND RESULTS  
The following assessment procedures were administered (list all tests with accurate test results):  
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.]

**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.**