

Speech/Language & Hearing Diagnostic Information

Name: _____ Grade: _____ Date of Birth: _____

Phone: _____ Date: _____

Parent Name: _____ Parent Received Copy (Initial) _____

SPEECH:

Goldman Fristoe Test of Articulation Standard Score _____ Percentile Rank _____

Other _____

The Apraxia Profile: _____

SSI (Stuttering Severity Instrument for Children and Adults): _____

LANGUAGE

TOLD-P (2 OR 3) Standard Score: _____ Percentile: _____ Age Equivalent: _____

TOLD-I (2 or 3) Standard Score: _____ Percentile: _____ Age Equivalent: _____

PPVT-III Standard Score: _____ Percentile: _____ Age Equivalent: _____

TVIP Standard Score: _____ Percentile: _____ Age Equivalent: _____

One Word Expressive Standard Score: _____ Percentile: _____ Age Equivalent: _____

EVT (Expressive Vocabulary Test) Standard Score: _____ Percentile: _____ Age Equivalent: _____

CASL (Comprehensive Assessment of Spoken Language)

Total Standard Score: _____ Percentile: _____ Age Equivalent: _____

OWLS (Oral and Written Language Scale) _____

LPT (Language Processing Test) _____

The Listening Test _____

The Phonological Awareness Test _____

Boehm Basic Concepts _____

Functional Communication Profile-Revised _____

OTHER TESTS NOT LISTED ABOVE: _____

HEARING Pure Tones: R _____ L _____ Pass/Fail _____ Date: _____

Immittance: R _____ L _____ Pass/Fail _____ Date: _____ Not Able to Test _____

Box Elder School District
Brigham City, UT 84302

Sp Ed DO
July 08

AUDITORY PROCESSING Scan A or C _____
