

SPEECH and LANGUAGE RECOMMENDATION REPORT

(This form is to be used when the primary eligibility is NOT Speech and Language)

| | | | |
|----------------|-----------------|----------------|-------|
| | | File #: | |
| | | Date of MET: | |
| Student: _____ | District: _____ | SLI Test Date: | _____ |
| Parent: _____ | School: _____ | D.O.B: | _____ |
| Address: _____ | Phone: _____ | Age: | _____ |

Background Information (Medical/Developmental Information):

Parent Comments:

Teacher Comments/Observations:

Test Results:

| Date: | Test: | Results: |
|-------|-------|----------|
| | | |

Diagnostic Summary:

Recommendations:

The student manifests **1 or more** of the following speech and language impairments: (Check all that apply)

- (a) Language impairment which interferes with the student's ability to understand and use language effectively. (Requires completion of a spontaneous language sample and test results on not less than 2 standardized instruments or 2 subtests designed to determine language functioning)
- (b) Articulation impairment, including omissions, substitutions, or distortions of sound persisting beyond maturational age.
- (c) Fluency impairment, including abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences.
- (d) Voice impairment, including inappropriate pitch, loudness, or voice quality.

Level of adverse affect on student's educational performance: (check one) Mild Moderate Severe

Therapy recommendation: no therapy recommended at this time)

Speech Pathologist/Therapist
Berrien RESA-SE-121 (11-10-03)

Date