

MULTIDISCIPLINARY TEAM REPORT/VERIFICATION SPEECH AND LANGUAGE EVALUATION

Date _____ Student's Name _____

DOB _____ Age _____ Grade _____ School _____

Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____

Informant for History _____

Referred by (SAT Members) _____

Reason for Referral _____

History _____

Oral Motor Evaluation _____

Language Evaluation _____

Tests Administered and Results: _____

Phonological Evaluation _____

Tests Administered and Results: _____

Voice Evaluation _____

Fluency Evaluation _____

Other Significant Factors _____

Summary _____

Statement of Diagnosis _____

Recommendations _____

Speech/Language Pathologist