

Wakulla County Schools
SPEECH DIAGNOSTIC EVALUATION

Student's Name _____ DOB _____ CA _____ Grade _____
 Date of Evaluation _____ School _____
 Speech Pathologist _____

Screening Information

Articulation: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Language: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
Screening Tool: _____ Date: _____	Screening Tool: _____ Date: _____
Type of errors: <input type="checkbox"/> Substitutions; <input type="checkbox"/> Distortions; <input type="checkbox"/> Omissions	
Errors demonstrated: _____	Screening Tool: _____ Date: _____
Oral peripheral: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	
Voice: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Vision:
Screening Tool: _____ Date: _____	1 st Screening: Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> fail
	2 nd Screening Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> fail
Fluency: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Comments: _____
Screening Tool: _____ Date: _____	
Characteristics: _____	Hearing:
	1 st Screening: Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> fail
	2 nd Screening Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> fail
	Comments: _____

Evaluation Information

Test(s) Administered: _____	Date: _____
	Date: _____
Standard Score: _____	Percentile Rank: _____
Errors Demonstrated: _____	

Articulation

	P	b	m	n	k	g	h	w	f	v	t	d	l	r	r	ng	y	sh	ch	j	s	z	th	th	zh
I																									
M																									
F																									

Normative data _____ Sanders Scale: _____

A.	3 sounds delayed 1 year: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or	B. Disordered Versus Delayed: Error pattern is disordered rather than delayed <input type="checkbox"/> Yes <input type="checkbox"/> No
	2 sounds delayed 2 years: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or	C. Severity rating scale at least moderate:
	1 sound delayed 3 years: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		scale _____ score _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

The Speech sound disorder is not primarily due to factors related to age, gender, culture, ethnicity or limited English proficiency.

Summary and Recommendations: