

# Speech-Language Pathology Assessment Report

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Assessment Date:** \_\_\_\_\_

**Assessor:** \_\_\_\_\_

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## Reason for Referral

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\_\_\_\_\_

## Background Information

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## Assessment Procedures

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## Observations

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## Assessment Results

### Speech

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### Language

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### Other Findings

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### Impressions and Summary

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### Recommendations

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Signatures

**Speech-Language Pathologist:** \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Date: \_\_\_\_\_