

Speech-Language Pathology Assessment Report

Client Name: _____

Date of Birth: _____

Assessment Date: _____

Assessor: _____

Reason for Referral

Background Information

Assessment Procedures

Observations

Assessment Results

Speech

Language

Other Findings

Impressions and Summary

Recommendations

Signatures

Speech-Language Pathologist: _____ Date: _____

Parent/Guardian: _____ Date: _____