LANGUAGE ASSESSMENT SUMMARY

(Optional Form)

Student:_____D.O.B.:_____C.A.:_____

SLP: _____ Grade/Program:_____ Date:_____

1. STANDARDIZED/NORM-REFERENCED TEST RESULTS

	Non-Disabling	**Mild**	**Moderate**	**Severe**
Standard Deviation	X	-1 1/3 to -1 2/3	-1 2/3 to -2	-2 or more
Percentile	Above the 9th	9th to 5th	4th to 2nd	Below the 2nd
Name of Test(s)/Subtest(s) *Record Standard Score(s) in appropriate severity level.*				

2. FUNCTIONAL/NONSTANDARDIZED ASSESSMENT RESULTS:

Measure Used	Findings

3. ADDITIONAL ASSESSMENT INFORMATION:

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