**SPEECH AND LANGUAGE SCREENING REPORT**

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| **NAME:** |       | **DATE OF BIRTH:** |        |
| **PARENTS:** |       | **CHRONOLOGICAL AGE:** | years months |
| **ADDRESS:** |       , BC V0G  | **SCREENING DATE:** |       |
|  |  | **CLASSROOM TEACHER:** |        |
| **TELEPHONE:** | 250-       | **GRADE:** |       |
| **SCHOOL** |       | **SPEECH LANGUAGE PATHOLOGIST:** |       |
| **ASSESSMENT TOOLS** | *Clinical Evaluation of Language Fundamentals (CELF-P2) Peabody Picture Vocabulary Test (PPVT-4) Renfrew Action Picture Test (RAPT)*  |
| **TEST FINDINGS:** |
| **PPVT-4**  | **Standard Score**  | **Percentile**   | **Age Equivalent**  |
| **CELF-P2 Core Language Score** | **Standard Score**  | **Percentile**  |  |
| **RAPT – Information** **RAPT – Grammar** | **Raw Score**  **Raw Score**  | **Age Range** **Age Range**  |  |
| **COMMUNICATION SKILLS:** | **Appeared Typical** | **Further Intervention Indicated** | **Monitor** | **Not Evaluated** |
| Receptive Language (Understanding) |  | **** |  |  |
| Expressive Language (Verbal Skills) |  | **** |  |  |
| Articulation (Clarity / Pronunciation) | **** |  |  |  |
| Comments:*
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*
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| **RECOMMENDATIONS:** |
|       No further follow up required by the Speech-Language Pathologist. |
|       Student requires further intervention |
|       Communicating For Success Program |
|       Strategies will be discussed with the classroom teacher on an ongoing basis. |
|       Referral to       is indicated. |
|       Student should be seen for a hearing screening:  |
| **S-LP Signature:** | **Your Name:** **Registered Speech-Language Pathologist** | **Date:** |
| **cc:****Student File, Speech-Language File, Principal** |