

# Laporan Asesmen-Diagnosis

<b>Name:</b>	<b>Referred by:</b>
<b>Sex:</b>	<b>School:</b>
<b>Date of Birth:</b>	<b>Grade:</b>
<b>Age at Evaluation:</b>	<b>Teacher:</b>
<b>Parents:</b>	<b>Date/s of Assessment:</b>
<b>Address:</b>	<b>Date of Report:</b>
<b>Phone number:</b>	<b>Evaluated by:</b>

- I. STATEMENT OF THE PROBLEM:**
- II. OVERVIEW/BACKGROUND :**
  - A. Dates and location of previous assessments
  - B. Previous treatment
- III. HISTORICAL INFORMATION**
  - A. Speech, language, and hearing
  - B. Medical
  - C. Educational
  - D. Psychological/emotional
  - E. Developmental/motor
  - F. Familial
  - G. Social
  - H. Occupational (if adult)
- IV. ASSESSMENT INFORMATION (The content differs according to the communicative disorder being assessed.)**
  - A. Hearing screening result
  - B. Oral Facial Examination results
  - C. Oral Motor Checklist result
  - D. Diadochokinetic Syllable Rates
  - E. Speech and language sampling results
  - F. Determining speech rate result
  - G. Determining intelligibility result
  - H. Results from other tests and procedures
- V. DIAGNOSIS AND PROGNOSIS**
  - A. Summary of Findings
  - B. Diagnosis
  - C. Prognosis
- VI. RECOMMENDATION/S**
  - A. Treatment plan
  - B. Referral/s

(TT) \_\_\_\_\_  
**Nama Terapis Wicara Bicara, (degree)**  
**Terapis Wicara Bicara**  
**Nomor IKATWI:**  
**Tanggal:**