

Name of School
Speech and Language Services
Speech and Language Evaluation Result

Name:

DOB:

Age:

Grade:

Teacher:

Date:

Speech and Language Evaluation indicates:

- no articulation nor language problem
- articulation problem affecting _____
- language problem in both receptive and expressive areas
- only receptive language skills are poor
- only expressive language skills are poor
- fluency problem
- voice/ resonance problem
- over-all language skills are adequate but weak in _____

Disposition:

- will be enrolled now
- will be enrolled as soon as possible
- will have a conference to inform the parents of the results
- will have a home program
- will be watched for further needs
- needs native language testing to confirm the language problem
- others

Comments:

TT _____
Nama TWB _____
No. IKATWI _____
Tanggal _____