

**SPEECH and LANGUAGE RECOMMENDATION REPORT**

(This form is to be used when the primary eligibility is NOT Speech and Language)

		File #:	
		Date of MET:	
Student: _____	District: _____	SLI Test Date: _____	
Parent: _____	School: _____	D.O.B: _____	
Address: _____	Phone: _____	Age: _____	

Background Information (Medical/Developmental Information):

Parent Comments:

Teacher Comments/Observations:

Test Results:

Date:	Test:	Results:

Diagnostic Summary:

Recommendations:

The student manifests **1 or more** of the following speech and language impairments: (Check all that apply)

- (a) Language impairment which interferes with the student's ability to understand and use language effectively. (Requires completion of a spontaneous language sample and test results on not less than 2 standardized instruments or 2 subtests designed to determine language functioning)
- (b) Articulation impairment, including omissions, substitutions, or distortions of sound persisting beyond maturational age.
- (c) Fluency impairment, including abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences.
- (d) Voice impairment, including inappropriate pitch, loudness, or voice quality.

Level of adverse affect on student's educational performance: (check one)     Mild     Moderate     Severe

Therapy recommendation:  no therapy recommended at this time)

\_\_\_\_\_  
Speech Pathologist/Therapist  
Berrien RESA-SE-121 (11-10-03)

\_\_\_\_\_  
Date