

Alachua County Public Schools Exceptional Student Education  
**Language Evaluation Report**

Screening Date: \_\_\_\_\_  Initial Evaluation  Re-evaluation

Name: _____ Student ID: _____ DOB: _____ Age: _____			
School: _____		Grade _____ Teacher: _____	
Information gathered from: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher <input type="checkbox"/> Student (when appropriate)			
Hearing: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (Comment below) Date: _____		Vision: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (Comment Below) Date: _____	
<input type="checkbox"/> Based on results indicated on the screening instrument, conversational sample(s), and/or observation(s), Pragmatic Language is an area of concern. See attached report.			
Observation: Date: _____ Setting: _____			

**Standardized Norm-Referenced Language Assessment:**

Date	Comprehensive Language Assessment	Score	Significant Results
	Global:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Supporting:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Additional:		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Language evaluation indicates significant results in the areas of:**

Semantics  Syntax  Morphology  Phonology  Pragmatics

**The following areas are affected by the language deficits checked above:**

Listening Comprehension  Oral Expression  Social Interaction  
 Reading Comprehension  Written Expression  Phonological

**Strengths noted in the evaluation:**

**Needs noted in the evaluation:**

**Additional information:**

Speech-Language Pathologist Signature \_\_\_\_\_ Date: \_\_\_\_\_