



DISTRICT SCHOOL BOARD OF PASCO COUNTY
SPEECH AND LANGUAGE REEVALUATION REPORT

MIS Form #733
1/05
Page 1 of 2

- Student is already determined eligible for:
 ___ Speech Impaired
 ___ Language Impaired
- Student is temporarily placed in:
 ___ Speech Impaired
 ___ Language Impaired

Prior to conducting this reevaluation, a T/IEP team meeting regarding reevaluation recommendations (MIS Form #809) was held on _____. Parent consent for reevaluation (MIS Form #444) was obtained on _____.

Student _____ Date of Birth _____ Grade _____ School _____
Program(s) _____ Teacher(s) _____ District Student # _____
Medicaid # _____ ICD-9 Code _____ Date(s) Evaluated _____

BACKGROUND / HISTORY

EVALUATION If area not formally assessed indicate N/A

Language Assessment _____ **Results** _____

Articulation Assessment _____ **Error Sounds / Processes** _____

Voice / Fluency Assessment _____ **Results** _____

Summary / additional comments _____

RECOMMENDATIONS:

- ___ increase ___ decrease services (requires T/IEP revision)
___ consider discontinuation / dismissal (requires ESE staffing)
___ continue therapy as indicated on the current T/IEP
___ other: _____



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Student Name _____ DOB _____ Grade _____

IDENTIFIED NEEDS not applicable

___ **Articulation:** (list errors) _____

___ **Phonological Processes:**

- | | | |
|--|---|--|
| <input type="checkbox"/> initial sound | <input type="checkbox"/> nasals (n,m,ng) | <input type="checkbox"/> liquids (r,l) |
| <input type="checkbox"/> final sound | <input type="checkbox"/> velars (k,g,ng) | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> multisyllabic words | <input type="checkbox"/> glides (w,y) | |
| <input type="checkbox"/> consonant clusters | <input type="checkbox"/> stridents (s,z,f,v,sh,ch,j) | |

___ **Oral-Motor Skills**

___ **Fluency**

___ **Voice**

- | | | |
|----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> quality | <input type="checkbox"/> volume | <input type="checkbox"/> resonance |
| <input type="checkbox"/> rate | | |

___ **Pre-Language Skills**

___ **Language - Semantics/Vocabulary**

- | | | |
|---|--|---|
| <input type="checkbox"/> single word utterances | <input type="checkbox"/> word relationships | <input type="checkbox"/> multiple meaning words |
| <input type="checkbox"/> two word utterances | <input type="checkbox"/> basic concepts/prepositions | <input type="checkbox"/> analogies |
| <input type="checkbox"/> simple sentences | <input type="checkbox"/> antonyms | <input type="checkbox"/> figurative language |
| <input type="checkbox"/> categories | <input type="checkbox"/> synonyms | <input type="checkbox"/> adjectives, adverbs |
| <input type="checkbox"/> definitions | <input type="checkbox"/> homonyms | <input type="checkbox"/> other _____ |

___ **Language - Syntax and Morphology**

- | | | |
|---|---|--|
| <input type="checkbox"/> plurals | <input type="checkbox"/> constructing sentences | <input type="checkbox"/> conjunctions |
| <input type="checkbox"/> verb tenses | <input type="checkbox"/> passives | <input type="checkbox"/> complex sentences |
| <input type="checkbox"/> pronouns | <input type="checkbox"/> possessives | <input type="checkbox"/> negatives |
| <input type="checkbox"/> "wh" questions | <input type="checkbox"/> articles | <input type="checkbox"/> infinitives |
| <input type="checkbox"/> modals | <input type="checkbox"/> Yes-No questions | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> comparative/superlative adjectives | | |

___ **Language - Auditory Processing / Phonemic Awareness**

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> sequencing | <input type="checkbox"/> conceptualization | <input type="checkbox"/> sound blending |
| <input type="checkbox"/> memory | <input type="checkbox"/> discrimination | <input type="checkbox"/> rhyming |
| <input type="checkbox"/> closure | <input type="checkbox"/> organization | <input type="checkbox"/> other _____ |

___ **Language - Pragmatics**

- | | |
|---|---|
| <input type="checkbox"/> question comprehension | <input type="checkbox"/> problem solving |
| <input type="checkbox"/> conversational skills | <input type="checkbox"/> language functions |
| <input type="checkbox"/> communicative intentions | <input type="checkbox"/> other _____ |

ADDITIONAL INFORMATION:

Speech-Language Pathologist / Date

Basic Education Teacher, if appropriate

School Psychologist, required for
Language Impaired Students

ESE Teacher, if appropriate

NOTIFICATION METHOD:

- Parent contact on _____ Date _____
- Parent copy sent home via US mail _____ Date _____

These results and recommendations will also be reviewed with you at your child's annual individual educational plan update meeting.