

SPEECH/LANGUAGE TEAM DIAGNOSTIC REPORT

NAME: _____ **BIRTHDATE:** _____ **DATE:** _____

SCHOOL: _____ **GRADE:** _____ **TEACHER:** _____

IMPORTANT BACKGROUND INFORMATION:

FUNCTION	PROCEDURES/RESULTS
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A. ARTICULATION	
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B. LANGUAGE	
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C. OTHER	
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PRESENT LEVEL OF PERFORMANCE AND RECOMMENDATIONS FOR SERVICE:

SPEECH PATHOLOGIST: _____