

**Sumner County Educational Services Interlocal District #619**

221 W. 15th Wellington, KS 67152

Phone: (316) 326-8935

**Report of Speech Language Evaluation**

**Student:**

**DOB:**

**Age:**

**Date of Evaluation:**

**Examiner:**

**Background/Reason for Referral:** A speech language evaluation was performed as a part of the triennial evaluation or was referred by the General Education Intervention Team

**Assessment Procedures:**

Clinical Evaluation of Language Fundamentals-Fourth Edition, CELF-4 (RF1)

Test of Oral Language Development-Third Edition Primary; TOLD-3P

Peabody Picture Vocabulary Test-Third Edition; PPVT-3

**Behavioral Observation:**

**Results of Language Evaluation:**

**Std. Score**

CELF-4

Core Language

Receptive Language

Expressive Language

Language Content

Language Memory

Working Memory (digits)

TOLD-P3

Listening

Organizing

Speaking

Semantics

Syntax

Spoken Language (SLQ)

PPVT-3

Vocabulary Score

**Results of Speech Language Evaluation:**

**Interpretation of Results/Summary:**

**Recommendations:**

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**Signature of Examiner**