

Section III – Evaluation Review

Student Name: _____

Prior Fluency Assessment Data:		
Test	Date	Dysfluency Score
Types of Dysfluencies:		
Secondary characteristics:		
Attitude rating scale:		
The severity of the dysfluency was considered: ___ mild ___ moderate ___ severe		

Prior Voice Assessment Data:	Date
	___ / ___ / ___
Characteristics of voice:	
Duration of problem prior to evaluation:	
Examination by Otolaryngologist: Y N	
Physician: _____ Date: _____	
Address: _____ Phone/Fax: _____	
Diagnosis:	
Medical/Surgical Intervention:	
The severity of the voice problem was considered: ___ mild ___ moderate ___ severe	
Comments:	

- Yes No Educational performance is not consistent with previous assessment results.
- Yes No **Significant** changes have been documented in the student’s environment, overall adjustment and educational profile.
- Yes No Review of previous speech/language evaluations indicates consistent and valid results.
- Yes No Additional speech/language data would not prove relevant to the issues of continued eligibility, programming and instruction.

Signature of Assessment Specialist _____