



phone 404-509-6303 fax 866-341-3335
SPEECH/ LANGUAGE/HEARING SCREENING FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

School/Institution: \_\_\_\_\_ Teacher: \_\_\_\_\_

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Articulation Within Normal Limits \_\_\_\_\_ Needs Further Evaluation: \_\_\_\_\_

\_\_\_\_\_

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Expressive Language Within Normal Limits \_\_\_\_\_ Needs Further Evaluation: \_\_\_\_\_

\_\_\_\_\_

Voice Quality: WFL Fluency: WFL

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Receptive Language Within Normal Limits \_\_\_\_\_ Needs Further Evaluation: \_\_\_\_\_

\_\_\_\_\_

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Oral Motor Within Normal Limits \_\_\_\_\_ Needs Further Evaluation: \_\_\_\_\_

\_\_\_\_\_

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Hearing Screen (25 dBHL)

Table with 5 columns: Frequency (500hz, 1000hz, 2000hz, 4000hz) and 2 rows: Right, Left.

P=Pass F=Fail

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Recommendations:

PASS: \_\_\_\_\_ WOULD BENEFIT FROM FURTHER TESTING: \_\_\_\_\_

\_\_\_\_\_

Speech-Language Pathologist

If you have any further questions regarding the results of this screening, please do not hesitate to contact us at (404) 509-6303 or rsgoldringinc@gmail.com