

Central State Hospital

620 Broad St.
Milledgeville, GA 31062

SPEECH LANGUAGE EVALUATION

NAME: _____

ADMISSION DATE: _____

ID#: _____

SOURCE(S) OF INFORMATION:

Interview with the following: (Check only those which apply)

Individual Staff member(s): _____

Family member(s) or friends: _____

Review of records (specify): _____

REASON FOR EVALUATION: _____

PERTINENT DIAGNOSIS: _____

PERTINENT HISTORY: _____

HIGH RISK CONDITIONS: _____

24 Hour Support Plan: Not indicated Indicated: _____

ASSESSMENT(S) ADMINISTERED: _____

PSYCHOSOCIAL FUNCTION:

Affect: Appropriate Labile Flat Depressed Excited Anxious Angry

Cooperation: Cooperative Refused to participate in evaluation Limited: _____

COGNITIVE FUNCTION:

Orientation: _____

Attention: _____

Problem solving: _____

VISUAL FUNCTION:

Visual acuity: Functional Limited: _____

AUDITORY FUNCTION:

Auditory screening: Not performed Method: _____

Auditory acuity: Functional Limited Functional with corrective device Refuses prescribed corrective device Deaf

Auditory processing: Functional Unable to assess or determine Limited: _____

OROFACIAL EXAMINATION:

Structural limitations: None noted Limited: _____

Functional limitations: None noted Limited: _____

RECEPTIVE LANGUAGE:

Response and Identification: Functional Limited: _____

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SPEECH LANGUAGE EVALUATION

Following Directions: Functional Limited: _____

Spoken language: _____

EXPRESSIVE LANGUAGE:

Method(s) for expressive language: Eye gaze Vocalizations Facial expressions Gestures Sign Language Picture system Yes/no responses

AAC Device: _____

Verbalizes using words Verbalizes using phrases and sentences

Communicative intent: _____

Written language: _____

NONVERBAL FUNCTION: _____

VERBAL FUNCTION:

PHONOLOGICAL PROCESSES AND ARTICULATION: Functional N/A- Non-verbal

Limited: _____

FLUENCY: Functional N/A- Non-verbal Limited: _____

VOCAL QUALITY: Functional N/A- Non-verbal Limited: _____

ANALYSIS OF FINDINGS: Not indicated; please refer to Integrated Therapy Services Analysis of Findings

Individual's priorities and life goals: _____

Present functional status: _____

Environments, modalities, preferences, and/or strategies that support learning and/or performance or may hinder performance: _____

Implications for Discharge Planning: _____

Recommendations for additional assessments or evaluation: None List: _____

Recommended Goal(s): _____

Recommended Objective(s): _____

Recommended Intervention(s): _____

Signature and date