

Speech/Language Evaluation Summary

Student name Jason Patterson Student # 49 Date _____
Serving school Alder Elementary Age 8 y 0 m Gender M Grade 1
Home school _____ Qualifying Disability _____

Evaluation purpose (how does this evaluation relate to concerns described in referral or reevaluation?):

Evaluation procedures, instruments and results (must also relate to concerns described in referral or reevaluation):

| Test Name | Age | Pct | SS |
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Interpretation of Results

Apparent significance of findings relative to instructional program (include a description of factors interfering with the student's educational performance, possible special education and related services needed, and need for extended school year services):

Evaluation Report Signature Page

Student name Jason Patterson Student # 49 DOB 2/6/2002
 Serving school Alder Elementary IEP Mgr. Kathy Bravo Grade 1 Age 8 y 0 m

Group Signatures

(the date and signature of each member of the evaluation group below certifies that the evaluation report represents his/her conclusions. If the evaluation report does not reflect his/her conclusions, he/she must include a separate statement representing his/her conclusions.):

_____ Title: _____ Date: _____

_____ Title: _____ Date: _____

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| A copy of the evaluation report including documentation of determination of eligibility was provided to the parent(s)/guardian(s) by: | | |
| | On | |
| Name/Title | | Date |