



SPEECH AND LANGUAGE

- Multidisciplinary Evaluation Team Report
- Report

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
989 354-3101

DATE: _____

STUDENT NAME:	DOB:	AGE:	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male
ADDRESS:		PHONE:	
SCHOOL:	TEACHER:		

TYPE OF EVALUATION:

INITIAL

DATE OF LAST RE-EVALUATION IEP TEAM MEETING:

OTHER:

BACKGROUND INFORMATION:

PARENT INPUT:

TEACHER INPUT:

STUDENT NAME: _____

LANGUAGE:

ARTICULATION:

STUDENT NAME: _____

FLUENCY:

VOICE:

HEARING:

FEEDING/SWALLOWING:

SUMMARY/RECOMMENDATIONS:

Speech/Language Pathologist