

ALBEMARLE COUNTY PUBLIC SCHOOLS  
DEPARTMENT OF SPECIAL SERVICES  
401 McINTIRE ROAD  
CHARLOTTESVILLE, VIRGINIA 22902  
(434) 296-5885

**SPEECH/LANGUAGE/HEARING EVALUATION REPORT**

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Speech/Language Pathologist: \_\_\_\_\_

History of Speech/Language Services: \_\_\_\_\_

**Hearing Test Results**

Pure Tone: Date: \_\_\_\_\_  Pass  Fail

Re-test: Date: \_\_\_\_\_  Pass  Fail

Comments: \_\_\_\_\_

Articulation Evaluation (Is this an area of concern?)      Yes    No    N/A  
         

Language Evaluation (Is this an area of concern?)      Yes    No    N/A  
         

Fluency Evaluation (Is this an area of concern?)      Yes    No    N/A  
         

Voice Evaluation (Is this an area of concern?)      Yes    No    N/A  
         

Comments/Recommendations:

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