

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

EDUCATIONAL REPORT FOR SPEECH / LANGUAGE

Student Name: _____ Date: _____

Reporting Teacher: _____ Subject Area: _____

1. INSTRUCTIONAL LEVEL (s) (Please note on or below grade level)

_____ Math _____ Language Arts _____ Social Studies _____ Science _____ Reading _____

Special Strengths: _____

Weaknesses: _____

2. PERTINENT TEST INFORMATION: _____

3. WORK HABITS / MOTIVATION: Is the student performing to his / her potential?

4. How does this student's speech or language development significantly interfere with his/her academic achievement? Please explain.

5. How does this student's speech and/or language development compare with that of the average, same aged peer?(Include written language when appropriate.)

6. Special alternative actions taken to assist student's communication skills – Specify duration of alternatives.

7. Other concerns / comments: _____
