



Maryjane Rees Language, Speech and Hearing Center
Department of Communication Sciences and Disorders
California State University, Sacramento
6000 J Street
Sacramento, CA 95819-6071
T: (916) 278-6601 F: (916) 278-7730

Assessment Report Spring Semester 2019

Client Name: _____ **File#:** _____
Date of Birth: _____ **Date of Evaluation:** _____
Age: _____
Address: _____
Phone: _____
Graduate Clinician: _____
Clinical Instructor: _____

Diagnoses:

REFERRAL AND COMMUNICATION CONCERNS

PERTINENT HISTORY

ASSESSMENT & OBSERVATIONS

DIAGNOSTIC SUMMARY & INTERPRETATION

RECOMMENDATIONS

LONG TERM GOAL

Within 3 semesters the client will.....broad goal not specific

Graduate Clinician

Clinical Instructor Name MS, CCC/SLP
Clinical Instructor SP # _____

STUDENT REPORT