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Assessment Report Fall 2020

- Please remember to use the term “the client”

Client File Number:

Date of Birth:

Date of Evaluation:

Graduate Clinician:

Clinical Instructor:

REFERRAL AND COMMUNICATION CONCERNS

PERTINENT HISTORY

ASSESSMENT & OBSERVATIONS

INTERPRETATION

RECOMMENDATIONS

STANDARDIZED ASSESSMENT RECOMMENDATIONS

Graduate Clinician

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

STUDENT REPORT