



EDUCATIONAL SERVICE UNIT ONE

211 TENTH STREET
WAKEFIELD, NE 68784

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FAX: (402) 287-2065

www.esu1.org



SLP Assessment

Date of Evaluation _____ NSSRS# _____ School District _____
 Student Name _____ DOB _____ Grade ____ Age ____ Gender ____
 Parent/Guardian _____ Address _____
 Phone _____ City, State, Zip _____
 Cell/Work Phone _____
 Reason for Referral _____

INITIAL AND THREE YEAR EVALUATION ASSESSMENT	STANDARD SCORE	PERCENTILE
LANGUAGE:		
ARTICULATION:		
FLUENCY:		
VOICE:		
ORAL MOTOR:		
HEARING:		

Signature _____ Title _____ Date _____