



030007

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**SPEECH-LANGUAGE PATHOLOGY
COGNITIVE-LINGUISTIC SPEECH/LANGUAGE EVALUATION – Page 1**

Date: _____ Date of onset: _____ ICD-9 code: _____
History _____

Prior Level of Function _____

Evaluation tools - subtests of: _____

OBSERVATIONS: Impulsivity Decreased Initiation Emotional Lability Neglect: R L

AUDITORY COMPREHENSION:

	WNL	Mild	Moderate	Severe	Comments
Yes/No Questions					
Single Words					
One-step Directions					
Multi-step Directions					
Paragraphs					
Conversation					

VERBAL EXPRESSION:

	WNL	Mild	Moderate	Severe	Comments
Automatic Speech					
Object Naming					
Generative Naming					
Responsive Naming					
Sentence Completion					
Open Ended Questions					
Repetition					
Picture Description: Paraphasias: phonemic semantic Perseveration Jargon Confused Language					

COGNITION:

	Comments
Attention: <input type="checkbox"/> Sustained <input type="checkbox"/> Divided	
Orientation: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Situation <input type="checkbox"/> Time (month date day of week year time of day)	
Memory: <input type="checkbox"/> Immediate recall <input type="checkbox"/> Delayed recall <input type="checkbox"/> General Information	
Executive Function: <input type="checkbox"/> Initiation <input type="checkbox"/> Follow through <input type="checkbox"/> Self monitoring <input type="checkbox"/> Self correction <input type="checkbox"/> Goal formulation	
Awareness of Deficits:	
Reasoning/Problem Solving/Calculation:	
Sequencing/Organization:	

Speech-Language Pathologist _____ Date _____ Time _____



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**SPEECH-LANGUAGE PATHOLOGY
COGNITIVE-LINGUISTIC SPEECH/LANGUAGE EVALUATION – Page 2**

WRITING: Personal information Single Words Sentences Form Content Spacing

READING: Single Words Phrases Sentences Paragraphs Oral reading Oral spelling

PRAGMATICS:

	WNL	Mild	Moderate	Severe	Comments
Intonation					
Affect					
Eye Contact					
Gestures/Proxemics					
Turn-taking					
Verbosity					
Topic Maintenance					
Presupposition					
Organization of Content					

ORAL-MOTOR/MOTOR SPEECH FUNCTION:

Patient demonstrates: _____ dysarthria _____ oral/verbal apraxia

Pt/family educated? Yes, regarding: _____ no, due to _____

IMPRESSIONS: _____

PROGNOSIS: _____

RECOMMENDATIONS: Speech / Language / Cognitive-Linguistic therapy recommended for:

1. Acute care hospitalization- Frequency _____ X week
2. After discharge from acute care stay

Goals: _____

Speech-Language Pathologist

Date

Time