

**DIAGNOSTIC EVALUATION REPORT**

**Name:**

**Address:**

**Date of**

**Birth:**

**Gender:**

**Telephone:**

**Date of**

**Evaluation:**

**Informant**

**for History:**

**Parents:**

**Clinician(s):**

**Supervisor:**

**I. Complaint and Referral**

**II. History**

**III. Examination**

**A. Language:**

**B. Phonology/Articulation:**

**C. Hearing:**

**D. Voice:**

**E. Fluency:**

**F. Other Significant Factors:**

**IV. Statement of the Diagnosis and Prognosis**

**V. Recommendations**

1. It is recommended that
2. It is recommended that

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Clinician's Name, B.S.  
Graduate Clinician

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Supervisor's Name & Titles (i.e., Ph.D. CCC-SLP)  
Clinical Supervisor