



Lawrence Speech & Hearing Services

Speech Language Evaluation

Patient Name: _____

Date: _____

Reason for Referral: _____

Educational History: _____

Oral-motor Peripheral Examination: _____

Voice and Fluency Observation: _____

Articulation: _____

Informal Language Sample: _____

Impressions: _____

Recommendations: _____

Dr. Christina Boover Lawrence, Au.D., CCC-A/SLP