

BRUSH COUNTRY CO-OP

ANNUAL ARD REVIEW

SPEECH THERAPY INFORMATION FOR DIAGNOSTICIAN

Student's Name

School

Grade

Speech Pathologist

I. Area(s) of speech disability:

Articulation ☐

Language ☐

Voice ☐

Fluency ☐

II. Student is enrolled in Speech for _____ minutes per _____.

III. A. Did the student meet all IEP goals/objectives?

Yes ☐

No ☐

B. Was any new speech/language testing done during the current year?

Yes ☐

No ☐

C. In what areas of speech did the student make gains? (PLAAFP)

D. In what areas is the student having difficulty? (PLAAFP)

IV. Recommendations

a. Current year _____ to _____: _____ minutes per _____

b. Next year _____ to _____: _____ minutes per _____

V. Present levels of performance:

Name of person completing this form

Position

Date