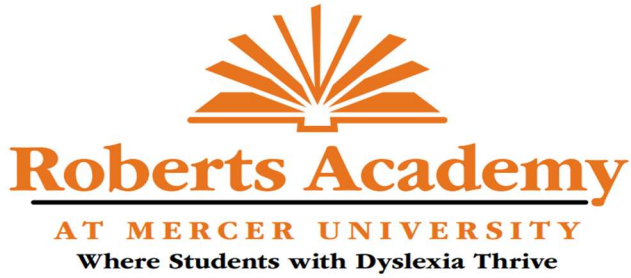


# The Roberts Academy

Speech and Language EVALUATION FORM

Admission Season 2024-2025



Applicant Name:

Preferred Name:

Grade Applying For:

Tutor's Name:

How many hours have you worked with this student?

Skills Category	No Progress	Working Towards Goal	Has Met Goal
Fluency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate Sound Productions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory skills- Are they able to hear the specific sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory for auditory and visual sentences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is the student making progress at an appropriate rate?

\*Are there receptive or expressive language issues? If yes, please explain.

Is the child attentive for the entire session? Is the child reluctant to be tutored?

Does the child easily separate from the parent at the beginning of the session?

**Do you have any hesitation in recommending The Roberts Academy for this student?**

**Are the parents' expectations for this student appropriate?**

If no, please explain:

**What are some phrases or adjectives that come to mind when you think of this student?**

**Please include any additional information that you feel may be helpful to a teacher:**

**May we contact you with additional questions?**

If yes, please provide your contact information: