

Communication Disability Assessment

Client Information

Full Name

Date of Birth

Assessment Date

Assessor Name

Assessment Details

Reason for Assessment

Relevant Medical & Communication History

Observed Communication Skills

Speech (articulation, fluency, voice)

Language (understanding, expression)

Non-Verbal Communication

Impact on Daily Life

Participation & Social Interaction

Learning/Employment Impact

Assessment Summary

Summary of Findings

Recommendations

Recommendations/Interventions