



IROQUOIS SPECIAL EDUCATION ASSOCIATION

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DETERMINATION OF ADVERSE EFFECT WORKSHEET 1*

Name of Student _____ ID# _____ Date _____

_____ does ____/does not ____ demonstrate a communication disorder that negatively impacts the ability to benefit from the educational program in one or more of the following areas: academic, vocational, social.

The disorder is in: (check all that apply)

articulation/phonology____ language____ voice____ fluency____ feeding/swallowing____

other____

ACADEMIC IMPACT	SOCIAL IMPACT	VOCATIONAL IMPACT
Impact documented by: <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Language Arts Explanation of adverse effect as evidenced by: _____ _____ _____ _____ <input type="checkbox"/> No adverse academic impact reported by discontinuing SLP services.	Impact documented by: <input type="checkbox"/> Difficulty being understood by peers and/or adults. <input type="checkbox"/> Difficulty initiating, maintaining and terminating verbal interactions <input type="checkbox"/> Embarrassment and/or frustration with regard to communication disorder Explanation of adverse effect as evidenced by: _____ _____ _____ _____ _____ <input type="checkbox"/> No adverse academic impact reported	Impact documented by: <input type="checkbox"/> Difficulty understanding and following directions <input type="checkbox"/> Inappropriate responses and interactions with superiors and/or coworkers <input type="checkbox"/> Inability to ask for clarification and forms questions Explanation of adverse effect as evidenced by: _____ _____ _____ _____ <input type="checkbox"/> No adverse academic impact reported

* Worksheet 1 or 2 must be completed for each student receiving a speech-language evaluation.