

Speech Pathologist

Date:

## **Speech Pathology Assessment**

You	will	receive	а	Speech	Pathology	assessment	SO	that	the
follo	wing	can be a	ass	essed:					

- your ability to communicate (speaking and understanding)
- your ability to swallow foods and drinks

An interpreter has been arranged for the assessment so that we can communicate with you in your language.

The appointr	nent will be on(time). Family members a	(date) at are welcome to attend.
complete the	e appreciated if you could ple 'Assessment Questions' she ech Pathology prior to your a	eet attached and return