

Clear, Respectful and Neuro-affirming Report Writing: A Guide for SLPs

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Introduction

Purpose of the resource:

to support Speech Language Pathologists (SLPs) in writing reports that are accessible, strength-based, neuro-affirming and family centered.

Intended Users:

Student clinicians, practicing SLPs and interdisciplinary team members working with school aged children.

Rationale:

Many evaluation reports are overly clinical, deficit-focused, and lengthy. When information is communicated in a clear, courteous, and empowering manner, families benefit. Reports should enhance professional accountability and family comprehension by providing information, documentation, and recommendations (Donaldson et al., 2004; Cushnie-Sparrow, 2017; Divergent Perspectives, 2022). Studies show that when reports are written in clear, family-centered language instead of technical or deficit-focused formats, parents exhibit higher levels of satisfaction, better recall of information, and greater follow-through on recommendations (Donaldson et al., 2004; Watts Pappas, 2010).

Background

Models of Support

The Medical Model

The medical model seems communication differences as internal impairments or diseases and focuses on diagnosis, impairments, and therapy (World Health Organization [WHO], 2025). This often involves standardized evaluation, comparison to developmental standards, and identification of problem areas that may require intervention (WHO, 2025). The medical model is often considered an essential aspect of clinical practice as formal diagnoses are frequently required to access treatment, secure funding, and obtain educational accommodations (American Speech-Language-Hearing Association [ASHA], 2016). In contrast, if this paradigm is employed exclusively, it may inadvertently highlight deficits and run the risk of portraying the client/patient as needing to be "fixed" rather than supported in ways that respect their identity and lived experience.

The Social Model

The social model positions disability not as an individual trait but rather as the result of systemic, societal, and environmental constraints that restrict participation (Oliver, 1990). Therefore, communication barriers are seen as the result of settings not being made inclusive or accessible while variation in communication is acknowledged as natural variations in human interaction (Oliver, 1990). Changing the settings, expectations, and communicative partners' methods is the focus of the social model in speech-language pathology instead of trying to normalize the client (Oliver, 1990). This approach, which emphasizes autonomy, inclusivity, and respect, and that appreciates communication styles rather than viewing them as a problem, very much aligns with neurodiversity-affirming practice.

Balancing the Models

To provide SLP care that is ethical and successful, it is necessary to strike a balance between the medical and social models rather than relying on one of them exclusively. The understanding and usage of the assessment results in practical situations are mainly influenced by the social model, while the medical model provides evaluation, diagnosis, and advocacy with a universal language

(WHO, 2025). One of the benefits of a balanced approach is to enable clinicians to correctly determine a child's communication profile and assistance needs by avoiding deficit-based framing. The balance is seen in report writing where accurate clinical descriptions are coupled with practical strengths-based interpretations and suggestions that consider both environmental accommodations and individual supports. This integrated approach not only allows for meaningful participation in various contexts but also supports family-centered, neuro-affirming practice.

The International Classification of Functioning, Disability and Health (ICF) by the World Health Organization provides a theoretical basis for this integrated approach, which states that functioning and participation arise from the interplay between a person's capacities and the environment, not merely from the absence of the impairment (WHO, 2025). This is beneficial as it leads to a balance between the standards of diagnosis and person-centered, participation-based care, which has been the case in the speech-language pathology field (ASHA, 2016).

General Assessment Considerations

It is true that general assessment results provide a good deal of information regarding a client's current skills, but one should not forget that they only show a slice of life and may not be able to portray all the nuances of a child's communication profile (Donaldson et al., 2004). All these factors like the context, the child's relationship with the speaker, the child's motivation, the sensory environment, and the child's comfort with the examiner may all contribute to the performance varying on the standard and structured assessment tasks (Vermeir et al., 2015). SLPs must actively seek a deeper understanding of the client by integrating several sources of information in order to practice inclusively, moving beyond isolated scores (Watts Pappas, 2010). This involves the use of dynamic assessment techniques, such as test-teach-retest protocols, which let clinicians see how a child learns, what resources work, and which tactics might not be as beneficial (Peña et al., 2006; Peña et al., 2001).

Understanding how a child communicates in real-world situations is further aided by informal assessment methods including stimulability testing, naturalistic observation, and authentic assessment (ASHA, 2016; Watts Pappas, 2010). By combining these methods, SLPs are able to determine both learning potential and current performance, ensuring that assessment results and recommendations are meaningful, responsive, and based on the child's strengths (Braun et al., 2017).

For children whose performance may be overestimated by standardized testing alone, dynamic assessment systems have excellent empirical evidence for recognizing learning potential and decreasing cultural and linguistic bias (Peña, Iglesias, & Lidz, 2001). Authentic and naturalistic evaluation approaches can also be used to school-based SLP practice since they offer environmentally valid information regarding real-world communication demands (ASHA, 2016).

Before Writing the Report

Engaging Families

A crucial part of family-centered practice is involving families before producing reports (King et al., 2004). Parents' goals and expectations for the use of the material should be clarified, and speech-language pathologists should ask them what information they would want to see in the report (Braun et al., 2017). This joint method not only serves the clinical or institutional purposes but also makes certain that the report is useful, relevant, and accessible to families (Donaldson et al., 2004). Parent participation in the process fosters an atmosphere of mutual understanding, strengthens family-clinician collaboration, and is in line with family-centered care principles.

(Braun, Dunn, & Tomchek, 2017). It has been shown that participation of the family in the interpretation of assessment increases the shared decision-making, and clinician trust, and also increases the relevance of intervention goals (Braun et al., 2017; King et al., 2004).

Parent-Friendly Language

Plain Language Principles

Families will find it easier to read, understand and use reports that are executed in non-technical language. Parent-friendly report writing, which reduces the mental burden on caregivers who may be dealing with sensitive or unfamiliar information, is characterized by use of short, simple phrases and avoidance of unnecessary complexity (Stableford & Mettger, 2007). Clinical terminology should only be used when it provides clarity and value; otherwise, everyday vocabulary should be utilized wherever possible (Watts Pappas, 2010). Before presenting specific facts or data, concepts should be thoroughly defined when specialist phrases are required (Stableford & Mettger, 2007). The involvement of active voice and concrete, everyday types of instances helps to improve comprehension by linking families to the assessment results through their child's daily life events (Donaldson et al., 2004).

The Center for Plain Language (2025) outlines Five Steps which emphasize identifying the intended audience and their needs, organizing information logically and predictably, writing clearly and conversationally, using formatting and design to support understanding, and evaluating the final product with the target audience to ensure it is usable and meaningful. This can serve as a guide for clinicians in this process. Health communication study shows that simplifying sentences and jargon enhances comprehension at all educational levels without compromising the quality of clinical information (Stableford & Mettger, 2007).

A Note on Jargon

In speech-language pathology, quite a few clinical and academic expressions have standard, clear alternatives that are understandable by many people and still have the same meaning. The chart given below shows some examples:

Clinical / Academic Term	Parent-Friendly Explanation
Receptive vocabulary	The words a child understands
Morphosyntax	How a child uses grammar in phrases and sentences
Narrative cohesion	How well a child connects ideas when telling a story
Standard score	How a child performed compared to other children the same age (e.g., "your child scored above X% of peers")

The common concern of the clinicians is that in translating technical phrases into everyday language, the clinical information may lose its accuracy and professionalism. Nevertheless, research on family-centered and accessible reporting claims that there has been no compromise in clinical accuracy due to simplistic language. Rather, it satisfies professional documentation standards while enhancing parent understanding, trust, and involvement with the report (Donaldson et al., 2004; Watts Pappas, 2010).

Explaining Disorder-Specific Concepts

Reports may be difficult to comprehend or emotionally taxing for parents and caregivers because they are unfamiliar with certain language domains or diagnostic terminology (Watts Pappas, 2010). Disorder-specific topics should be conveyed with practical examples and real-world scenarios that closely connect to the child's everyday life at home and at school in order to increase accessibility (Cushnie-Sparrow, 2017). Reports should explain what a child does, how

they communicate, and where they can benefit from more assistance rather than concentrating just on what they "cannot" do or test results (Ingram, 2025; Divergent Perspectives, 2022). For example, a report could illustrate that the client communicates efficiently with short phrases but experiences difficulty when it comes to using longer and more complex structures for expressing ideas or narrating stories, instead of simply stating that the child did not manage to show age-appropriate expressive syntax. This approach considers difficulties as abilities in progress instead of being a matter of fixed impairments, thus it is a strengths-based viewpoint and also helps families to realize the practical implications of the assessment results (Kapp et al., 2013).

Avoiding Stigmatizing Phrasing

Families' perceptions and understanding of their children are greatly influenced by the language used in assessment reports (Goodley, 2014). Words that describe a child as deficient, failing, or broken may, albeit unintentionally, continue to perpetuate the deficit-based perspectives and could have a negative influence on family expectations, perceptions, and emotional responses (Braun et al., 2017). Words that indicate development, skill, and uniqueness should be used instead of this kind of language wherever possible (Divergent Perspectives, 2022).

This change in wording not only provides the family with the proper documentation that is compassionate and respectful but also affirms the approach to the child's neurodevelopmental strengths and capabilities (Kapp et al., 2013). The use of deficit-based language in professional documentation has been linked to negative prejudice, reduced expectations, and lower perceptions of competence (Tondora, 2007). Similarly, without reducing the need for assistance, strengths-oriented language fosters optimism, collaboration, and engagement (Braun et al., 2017).

Sentence Starter Examples

Instead of...	Consider...
Delays/deficits in all areas	Developing skills across several areas including...
Refuses to comply	Participates best when activities are clear and predictable
Poor skills	Emerging skills/needs support with...
Jacob demonstrates deficits in expressive syntax	Jacob is still developing the grammar skills he needs to build longer, clearer sentences, especially when he explains ideas or tells stories
Morphosyntax	How your child uses grammar in sentences
Receptive vocabulary	Words your child understands
Narrative cohesion	How well your child connects ideas when telling a story
Standard score of X	Your child scored above X% of peers of the same age for this task

Neuro-Affirming Language

What does it mean to be neuro-affirming?

A neuro-affirming approach acknowledges, respects, and celebrates neurodiversity, recognizing that differences in thinking, learning, communications, and attention are normal traits of human neurology (Milton, 2012). It means using words and methods that validate each person's unique cognitive and sensory profile, focus on strengths rather than weaknesses and avoid making differences seem to be medical problems or unworthy (Kapp et al., 2013). Neuro-affirming practices, like supporting individuals through their talents, granting them freedom, and fostering

inclusive, respectful, and strength-based interactions, turn people to be more powerful (Pellicano & den Houting, 2022).

Why this matters:

Writing reports in a neuro-affirming manner is a necessity since the very language used during the process has an impact on the way the families perceive their children and what they think about the children's abilities (Kapp et al., 2013). Neuro-affirming vocabulary promotes understanding, validation, and empowerment, on the other hand, deficit-focused or pathologizing terms may inadvertently evoke feelings of guilt, inadequacy, or hopelessness among the patients (Goodley, 2014). By acting as a mirror that reflects the child's skills and support needs in a fair and kind way, the clinicians lead the families through strengths, nonjudgmental differences, and the child's unique communication and learning profile (Divergent Perspectives, 2022).

Moreover, this approach not only brings in more family and professional partnership and collaboration but also helps the children build a strong and positive self-image and offers them the ways of making things easier, more practical, and more individualized (Deci & Ryan, 2000). A growing body of interdisciplinary research showing that the validation of neurodivergent identities is associated with better mental health outcomes, stronger self-advocacy, and greater engagement across educational and social contexts provides support for neurodiversity-affirming methods (Pellicano & den Houting, 2022).

Writing a strength-based report

Writing a strength-based report entails concentrating on a client's abilities rather than just their challenges or limitations (Ingram, 2025). A strength-based report places obstacles in perspective and provides useful solutions for support while highlighting the client's strengths, areas of growth, and developing skills (Braun et al., 2017). This strategy is important because it promotes a more positive and balanced perception of the client's skills, increases engagement with therapies, and empowers the child and their family (Deci & Ryan, 2000).

Clinicians should start writing a strength-based report by identifying the child's current abilities and accomplishments, describing difficulties in practical, everyday terms, avoiding language that suggests deficiencies or failure, and giving specific examples of how strengths can be used to support learning and communication objectives (Divergent Perspectives, 2022). Strength-based documentation methods are associated with increased communication between clinician and family and planning of interventions that are more practical and attainable, especially in pediatric and school-based settings (Tondora, 2007).

Identity First vs Person First Language

The decision between identity-first and person-first language should be considered when creating reports for children who are neurodivergent (Kapp et al., 2013). Families can have different choices regarding how they want to talk about their kid, some might like to say, "autistic child," and others "child with autism" (Pellicano & den Houting, 2022). Moreover, the clients might have their own distinct preferences (Milton, 2012). A practice informed by neurodiversity accentuates the importance of recognizing the expressed preference at the same time as validating both methods (Divergent Perspectives, 2022). Many doctors use person-first language as a neutral starting point when they are unsure of a family's preferences, but they are willing to modify language if the family's viewpoint is made clear (Ingram, 2025). This method guarantees that reports are considerate, uplifting, and consistent with the expectations and values of the family (Goodley, 2014).

Describing Communication Differences

It is crucial to structure observations in a way that emphasizes a child's skills, learning styles, and preferences rather than concentrating only on what they are unable to achieve when discussing communication differences in reports (Braun et al., 2017). The traditional deficit-based reporting typically draws attention to delays, difficulties, or failures, which might reduce the child's reputation and promote feelings of inadequacy in the child and the family (Goodley, 2014). In contrast, a strength-based, neurodiversity-affirming approach accepts that every child possesses a unique blend of learning preferences, developmental patterns, and communication skills (Kapp et al., 2013). This involves perceiving the child's inherent capacity to convey meaning, the child's effective communication strategies, and the communication skills that the child is currently developing (Pellicano & den Houting, 2022).

For instance, a report might say, "Jayden uses gestures, facial expressions, and short phrases to communicate efficiently. He is gaining the ability to speak in longer sentences." This kind of wording recognizes Jayden's current abilities, places newly acquired talents in real-world situations, and gives families practical advice on how to help him continue to grow (Watts Pappas, 2010).

Additionally, families and educators can better interpret the child's behavior as adaptive and meaningful rather than problematic when communication differences are described in terms of patterns, preferences, and learning profiles (Milton, 2012). It is consistent with modern theories of neurodiversity rather than pathologizing natural variance in interaction styles (Kapp et al., 2013).

The approach enhances the viewpoint of the child, promotes family participation, and allows the caregivers to focus on practical strategies that are in line with the child's current strengths and at the same time nurture the areas with less development (Deci & Ryan, 2000). By illustrating a child's capabilities and ways of learning, clinicians are able to more effectively communicate evaluation outcomes and maintain the principles of dignity, openness, and neuro-affirming practice (Divergent Perspectives, 2022).

Deficit-Based Phrasing	Neuro-Affirming / Strength-Based Alternative	Explanation / Rationale
Poor eye contact	Prefers to use reduced levels of eye contact; eyes move around the room when speaking	Highlights natural interaction style rather than labeling behavior as "poor"
Blunt, abrupt, rude	Direct communicator: uses language efficiently to express needs and opinions	Focuses on effective communication rather than judgment
Repeats words/phrases without meaning	Communicates through echolalia; may convey emotions, needs, or ideas and supports self-regulation	Frames repetition as meaningful and purposeful
Aloof, disinterested, socially awkward	Shows differences in body language and social engagement; uses self-regulatory behaviors (e.g., stimming)	Emphasizes differences as valid ways of interacting and regulating sensory input
Poor attention	Attends best when interested; may have difficulty shifting attention to less engaging tasks	Highlights strengths and provides context for observed challenges

Monologues, goes off on tangents	Uses longer conversational turns and “info-dumps”; shares information characteristic of Neurodivergent communication	Recognizes a communication style rather than a deficit
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Embedding Autonomy and Respect

Incorporating autonomy and respect into report writing entails consciously acknowledging and respecting the child's choices, agency, and communication aim (Deci & Ryan, 2000). rather than viewing the kid as a passive recipient of intervention or as someone who must live up to adult standards, this approach places the child as an active participant in their own learning and social interactions (Pellicano & den Houting, 2022). Clinicians can provide families a more accurate and empowered view of the child by framing observations and recommendations in ways that emphasize what the child is attempting to express and by recognizing their talents and decision-making (Kapp et al., 2013).

Reports should avoid compliance-based terminology like "refused" or "noncompliant," instead describing behaviors in context that respects the kid's viewpoint and choices and concentrate on what the child does and intends rather than what they fail to do (Watts Pappas, 2010). It has been demonstrated that respecting autonomy and agency in clinical documentation promotes self-determination and sustained participation in intervention, and it is consistent with ethical practice principles (ASHA, 2016).

Style and Structure

Report Structure:

1. Summary:

A concise, family-friendly report starts with an overview that gives background details, such as the assessment's context, pertinent history, and the purpose for referral (Watts Pappas, 2010). In order to help families understand the goal of the evaluation and what to anticipate from the report, this section provides a succinct summary of the child's communication profile (Donaldson et al., 2004). By encouraging mutual understanding and laying the groundwork for cooperation, summarizing the assessment in this manner enhances family-centered care (Donaldson et al., 2004).

2. Assessment tasks:

The assessment tasks section links formal testing to real-world experiences by describing each evaluation in simple, parent-friendly language (Watts Pappas, 2010). For instance, a subtest on the CASL-2 (Comprehensive Assessment of Spoken Language – 2nd Edition) may evaluate morphosyntax, or a child's usage of grammatical words including plurals, possessives, pronouns, and suffixes. "I asked Thomas to complete sentences and observed how he used grammatical words" is an example of a parent-friendly explanation. Families can see how testing directly relates to their child's everyday speech when the evaluation is presented in this manner (Donald, 2016).

3. Summary of performance across language areas

The child's performance in many language domains, such as expressive and receptive skills, narrative ability, and social communication, is shown in this section (Braun et al., 2017). Both strengths and areas for improvement are highlighted in the easily understood language used to provide the information (Divergent Perspectives, 2022). Families can fully comprehend their child's talents without concentrating solely on deficiencies by employing a balanced approach (Braun et al., 2017).

4. Interpretation in functional, everyday terms

The clinical findings are translated into functional implications for the child's daily life through interpretation (Watts Pappas, 2010). Clinicians highlight how language skills manifest in real-world scenarios instead of reporting abstract scores (Donald, 2015). For instance, a functional interpretation may be "Jayden is developing the skills to tell stories in an organized way" rather than "a child has poor narrative cohesion." Families and educators can better grasp how to support the child when information is presented in this manner (Watts Pappas, 2010).

5. Summary: Strengths and Reaches

A strengths-based summary frames obstacles as chances for development by highlighting the child's strong points and pointing out areas that still require improvement (Braun et al., 2017). Additionally, this part offers doable tactics for helping the client, emphasizing practical, doable actions over ambiguous or overwhelming suggestions (Divergent Perspectives, 2022). By identifying strengths and offering advice on how to develop new skills, strengths-based reporting empowers families (Braun et al., 2017).

6. Recommendations and next steps

Detailed and practical advice can be found in the recommendations section by families, educators, and other professionals. Recommendations should be organized in a hierarchy such as three top priorities, three school-related tactics, and three home-related strategies keeping in mind the family's financial situation and circumstances (Donaldson et al., 2004). Families will benefit the most from instantaneous strategies that they can put into practice while learning about educational initiatives, support groups, and resources that are easily available. According to Donaldson et al. (2004) and Watts Pappas (2010), the report's practical and informative recommendations guarantee that the child's communicative development is supported in significant ways.

Strength-Based Models

A strength-based approach places a strong emphasis on recognizing, documenting, and actively utilizing a person's current skills to promote development and deal with obstacles (Ingram, 2025). This method maintains clinical validity while reframing obstacles in neutral or positive language, as opposed to dismissing or reducing areas of difficulty. According to the Center for Training and Assistance's (CTAC) Using Strengths-Based Language training, being strengths-based calls for clinicians stay consciously aware of an individual's strengths, problem-solving techniques, and available resources in their surroundings. They can then use these strengths to inform intervention planning and documentation (Ingram, 2025).

Language impacts perception, which is why this model works. Judgmental, deficit-focused, or emotionally charged documentation can have a detrimental impact on how clients, families, supervisors, and other professionals see an individual, which may impede clinical innovation and teamwork (Tondora, 2007). By emphasizing self-awareness, motivation, and agency, strengths-based documentation fosters collaboration, upholds client dignity, and enhances engagement (Deci & Ryan, 2000). All these things create an atmosphere where the objectives can be considered significant and achievable (Tondora, 2007). The self-determination theory, which has autonomy, competence, and relatedness as the main aspects in the context of inherent motivators and learning factors, is also in support of strengths-based approaches (Deci & Ryan, 2000). The documentation done in strength-based models can be through the intentional identification and documentation of strengths, neutral or affirming language rephrasing for behaviors, and avoidance of paternalistic or compliance-based wording. The CTAC training places a strong emphasis on practical techniques like asking what a behavior might be for, thinking about how

the person would characterize their own actions, and substituting language that reflects choice, preferences, or alternative coping strategies for deficit-laden terms (Ingram, 2025). The following examples are set out in the chart below:

Deficit-Based Language: focusses on what's wrong	Neutral Language: describes actions factually	Strength-Based Language: highlights potential and assets
Non-compliant	Left the observation space	Made an informed choice about participation
Refused	Chose not to participate in the activity	Asserted preference and boundaries
Unmotivated	Not engaged with current task	Motivation increases with meaningful activities
Off-task	Attention shifted away from the activity	engages best during preferred or functional tasks
Problem behaviour	Used an alternative behaviour	Used coping or self-regulation strategies
Does not follow direction	Required additional support to follow directions	Responds well to clear, structured instructions

This method works well with a "strengths and stretches" structure in speech-language pathology reports, where each area of need is matched with functional supports and current skills (Braun et al., 2017). Strong problem-solving abilities, self-advocacy, or motivation for favorite activities, for instance, should be noted in a report along with stretches in expressive language or organization, followed by suggestions that purposefully build on those strengths. This approach reinforces a neuro-affirming, family-centered viewpoint that promotes cooperation and successful outcomes while ensuring that reports remain respectful and informational (Donaldson et al., 2004).

Strengths (What the child already does well)	Stretches (Areas still developing)	How to Support / Build on Strengths
Demonstrates strong problem-solving skills during play and learning tasks	Expressive language becomes less organized in longer spoken or written messages	Use problem-solving frameworks (e.g., "first-next-last") to support story retell and written expression
Self-advocates by asking for clarification or help when unsure	Difficulty expanding ideas beyond short sentences	Encourage self-advocacy by teaching sentence starters (e.g., "I want to add...", "Can I explain more?")
Highly motivated by preferred topics and activities	Reduced detail and cohesion during narratives	Embed narrative tasks within preferred topics to increase engagement and language complexity
Follows routines well with visual or verbal structure	Challenges maintaining organization across multi-step tasks	Pair existing routine-following skills with visual organizers or checklists for language tasks
Engages well in collaborative activities with peers or adults	Needs support using complex grammar in connected speech	Use collaborative storytelling or shared writing to model and practice advanced grammar forms

Narrative Style Interpretations

Instead of presenting assessment results as a list of discrete scores or problems, narrative-style interpretations portray them as a cohesive, descriptive account about how a client interacts in everyday circumstances (Watts Pappas, 2010). Rather than focusing on what a child "cannot" do, this method uses understandable, practical language to explain how communication skills develop across tasks, settings, and demands (Donaldson et al., 2004). This type of writing enables readers to perceive the child as a whole, relate assessment findings to communication in the real world, and comprehend why some skills may be difficult and how they affect everyday involvement, narrative interpretations are important (Watts Pappas, 2010). By placing difficulties in the context of learning requirements and developmental objectives rather than portraying them as failures, this approach also supports neuro-affirming and strength-based practice (Braun et al., 2017).

Reports become more meaningful, respectful, and useful for families and interdisciplinary teams when this kind of interpretation connects evaluation data with useful assistance (Donaldson et al., 2004). By placing assessment results inside relevant everyday activities rather than just abstract test results, narrative reporting methods have been demonstrated to increase parent comprehension and satisfaction (Donaldson et al., 2004; Watts Pappas, 2010). Examples of how this can be done is outlined below:

Deficit-Focused Statement	Narrative Based Interpretation
Ella has poor sentence repetition skills.	When tasks required Ella to remember and repeat longer sentences, she sometimes left out smaller grammatical words such as "is" or "the".

Quick Reference Pages

One-page cheat sheets for teachers and caregivers

These key ideas and cheat-sheet guidelines for teachers and caregivers are adapted from recommendations for family-centered, strengths-based SLP reporting (Watts Pappas, 2010; Donaldson et al., 2004; Braun, Dunn, & Tomchek, 2017; Divergent Perspectives, 2022).

What an SLP report is (and is not):

- ✓ A description of how a child communicates right now
- ✓ A guide for how to support communication at home and school
- ✓ A balance of strengths, developing skills, and supports
- ✗ Not a label of intelligence, effort, or potential
- ✗ Not a prediction of long-term outcomes

Key ideas to keep in mind:

- Assessment results are a snapshot, not the whole story
- Communication looks different across settings, people, and tasks
- Differences are framed as learning patterns, not failures
- Strengths are intentionally used to support areas still developing

How to use the report:

- Start with the Summary for the big picture
- Look at Strengths and Stretches to see what to build on
- Focus on the top recommendations you can realistically use
- Ask the SLP if anything feels unclear or overwhelming

Mini glossary of family friendly terms

SLP Term	What It Means in Everyday Language
Receptive language	The words and sentences a child understands
Expressive language	How a child shares ideas using words, sentences, or gestures
Morphosyntax	How a child uses grammar in sentences
Narrative skills	How a child tells stories or explains events
Narrative cohesion	How well ideas connect when telling a story
Pragmatics / social communication	How a child uses language with others
Dynamic assessment	Learning how a child improves with support
Stimulability	How easily a child can try a new skill when shown
Strengths	Skills the child already uses successfully
Stretches	Skills that are still developing and need support
Standardized test	A structured task compared to children of the same age

Scripts for explaining assessment findings verbally

These sample scripts for explaining assessment findings verbally are adapted from best-practice recommendations for family-centered, strengths-based, and neurodiversity-affirming reporting (Watts Pappas, 2010; Donaldson et al., 2004; Braun, Dunn, & Tomchek, 2017; Divergent Perspectives, 2022). These examples model how SLPs, teachers, or caregivers can explain results clearly and respectfully.

Explaining Overall Results

- “This assessment helps us understand how your child communicates right now and what supports help them learn best. It highlights both strengths and areas that are still developing.”

Explaining Differences Without Deficits

- “Your child communicates their ideas well using short sentences and gestures. They’re still learning how to organize longer messages, especially when telling stories.”

Explaining Why a Skill Is Hard

- “When tasks require remembering and repeating longer sentences, smaller words sometimes get left out. That tells us that longer messages place higher demands on memory and organization.”

Explaining Support Needs

- “This doesn’t mean your child can’t do this—it means they benefit from extra structure or visual supports when tasks get more complex.”

Reassuring Families

- “These results don’t reflect effort or intelligence. They help us understand how your child learns so we can support them better.”

Guide to explaining percentiles, standard scores, and scores distribution in plain language

These explanations of percentiles, standard scores, and score distributions are adapted from best-practice recommendations for family-centered, plain-language reporting in speech-language pathology (Watts Pappas, 2010; Donaldson et al., 2004; Braun, Dunn, & Tomchek, 2017).

Percentiles

- What it means:

- Percentiles compare a child to other children the same age
- They show where a child falls in a group, not a pass/fail score
- How to explain it:
 - “If your child is at the 30th percentile, it means they performed similarly to or better than 30 out of 100 children their age.”
- Important reminder:
 - Being below average does not mean poor ability
 - Many children learn differently and still succeed with support

Standard Scores

- What they are:
 - Another way of comparing performance to same-age peers
 - Often used for diagnosis and eligibility
- How to explain it simply:
 - “Most children score around X. Scores above or below that help us understand how different tasks compare to same-age peers.”
- Emphasize what matters more than the number:
 - Patterns across tasks
 - Strengths the child uses
 - How skills show up in daily life

Score Distribution (The “Bell Curve”)

- What it means:
 - Most children cluster in the middle range
 - Fewer children score at the higher or lower ends
- Plain-language explanation:
 - “Just like height or shoe size, communication skills vary. Many children fall in the middle, and some naturally fall above or below. This is normal human variation.”

Sample Speech and Language Assessment Report

Note: The following speech and language assessment report is entirely fictitious and has been created solely for the purposes of this assignment.

Name:	E.M.	Date of Birth:	
Grade:	3	Age:	9 years, 8 months
School:		Dates of Contact:	

1. Summary (include background and reason for referral)

Ella was referred for a speech-language assessment by the school team to better understand her current communication profile and to support ongoing classroom programming. This assessment's objectives were to understand Ella's language comprehension and usage in everyday school activities, highlight her communication strengths, and recommend resources that could enable her to engage more fully in social interactions and learning.

Ella is currently in a Grade 3 classroom and receives classroom support through individualized strategies and visual supports. Ella is described by educators and caregivers as inquisitive, perceptive, and driven by her favorite hobbies. They also observe that she occasionally struggles

to articulate her thoughts clearly during structured academic assignments and to comprehend lengthy spoken instructions. In order to better understand these patterns and direct future actions that maximize Ella's current abilities, this assessment was conducted.

2. Assessment Tasks (*Connecting assessment to real life*)

A combination of informal tasks, classroom observations, record review, and dynamic assessment techniques were used to collect assessment data. Instead of depending only on organized test performance, these methods were chosen to represent how Ella communicates in relevant, everyday circumstances. Assessment tasks include:

- Examining school records and lesson plans.
- Observing classroom activities, transitions, and individual work.
- Informal language tasks such as, telling stories, repeating sentences, and following instructions.
- Dynamic assessment (test-teach-retest) to explore how Ella responds to visual supports, repetition, and modeling.
- Opportunities for authentic evaluation incorporated into regular classroom activities.

This method allows for the opportunity to see not only what Ella is capable of doing on her own but also how her communication changes when she receives assistance, which is crucial information for developing an intervention.

3. Summary of Performance Across Language Areas

Understanding Spoken Language

When learning is reinforced by visuals, gestures, or predictable context, Ella exhibits an effective grasp of common procedures, classroom expectations, and language. She follows brief, well-known instructions and understands cause and consequence in day-to-day activities.

Ella occasionally benefits from extra assistance when tasks call for processing lengthy or unfamiliar spoken messages. For instance, she might overlook portions of multi-step instructions or verbally challenging questions in the absence of visual cues. These patterns imply that lengthier language demands put more strain on processing and working memory.

Expressive Language

Ella uses spoken words, gestures, and facial expressions to convey her needs, preferences, and thoughts. She is a deliberate communicator who clearly attempts to share meaning with others. She frequently use shorter sentences and well-known language in conversations and structured tasks.

When expressing more complicated thoughts, like narrating a story or recounting facts, Ella occasionally simplifies her message by leaving out smaller grammar words. This strategy seems to help her communicate effectively, especially when language or cognitive demands rise.

Social Communication

Ella participates most easily with familiar classmates and adults and demonstrates awareness of social norms. She reacts positively to shared activities and predictable interactions. She may need some assistance in less organized social settings to decipher subtle social cues or sustain shared attention throughout longer exchanges.

Emergent Literacy

Ella shows enthusiasm for reading and literacy activities in the classroom. She likes to read books on her own and interact with stories when they are interactive or have visual aids. These actions demonstrate developing literacy skills that can be used to promote language acquisition.

4. Interpretation in Functional, Everyday Terms

The results indicate that she shows her abilities best during simpler tasks and may need extra support when tasks involve more complex language. For instance, Ella occasionally omitted simple words like "is" or "the" when activities needed her to recall and repeat lengthy sentences. This implies that, particularly when it comes to storytelling, oral explanations, or written projects, she may benefit from assistance that helps her arrange and recall longer messages. Ella communicates most effectively when information is:

- Presented in digestible pieces
- Visually supported
- Integrated into well-known habits or significant activities

These strategies would help to support reduce cognitive load and allow her strengths to shine.

5. Strengths and Stretches (and How to Support Them)

Ella's emerging talents are best supported by expanding directly on what she already does well, according to this strengths-and-stretches paradigm.

Strengths	Stretches (Developing Skills)	How to Support
Strong understanding of routines	Processing longer spoken messages	Use visuals, repeat key information
Intentional communicator	Organizing longer sentences	Model sentence starters and story frames
Motivation for preferred activities	Using grammar in complex messages	Embed language practice into interests
Emerging literacy interest	Retelling stories in sequence	Use pictures and story maps

6. Recommendations and Next Steps*Top 3 Priority Suggestions*

1. Keep using visual aids to help students understand classroom terminology, such as visual timetables and visual instructions.
2. When narrating stories and completing writing assignments, use structured language models like story frames or maps.
3. To encourage motivation and interest, include language practice into preferred activities.

Additional School-Based Supports

- Divide more complex instructions into manageable steps.
- Pair verbal directions with gestures and/or written cues.
- Allow for additional processing time before responding

Home-Based Supports

- Encourage Ella to use visual aids (drawings, photos) to explain events.
- Read books together and discuss pictures before recounting the story.

- Model short, clear sentences and gradually expand on them.

Next Steps

It is advised that the school team, family, and speech-language pathology services continue to work together to provide consistency in all settings. Goals for functional communication that are relevant and doable within Ella's everyday activities should be the main focus of follow-up assistance.

7. Closing Statement

The purpose of this report is to give a description of Ella's communication profile. The results show how Ella interacts with others in everyday situations and offer helpful strategies to help her develop further.

If you have any questions or would want to talk further, don't hesitate to get in touch using the contact information below.

XXXX XXXX, M.Sc., SLP
Speech Language Pathologist
Reg. CASLPO

cc: Parents/Caregivers, School File

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