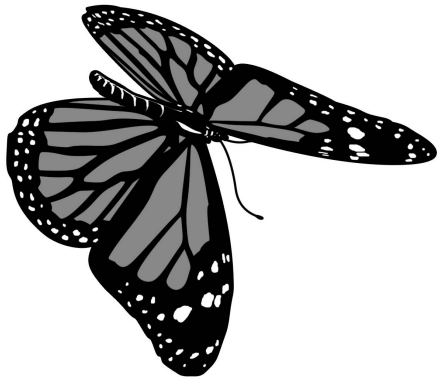
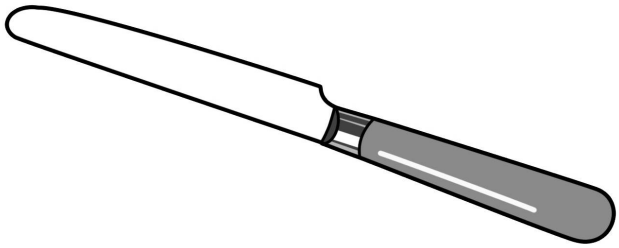
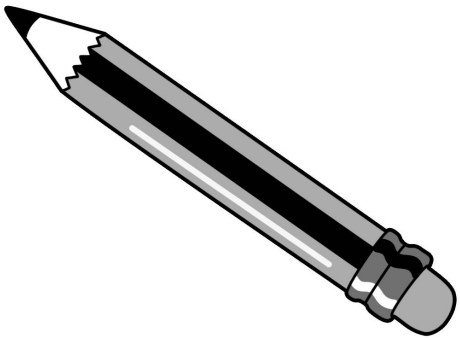
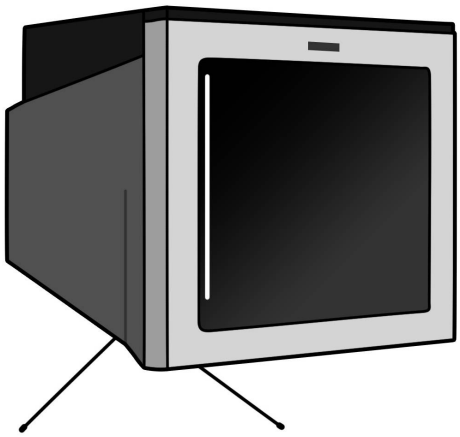






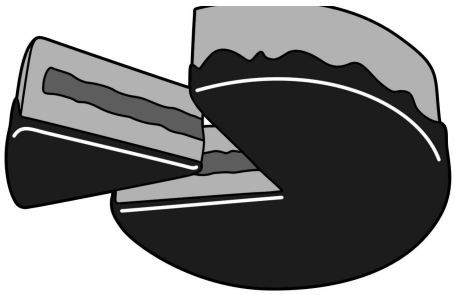
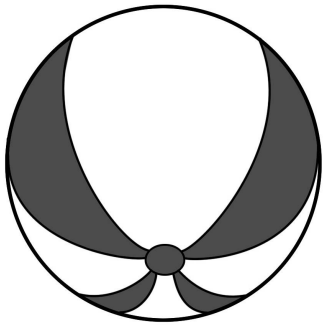
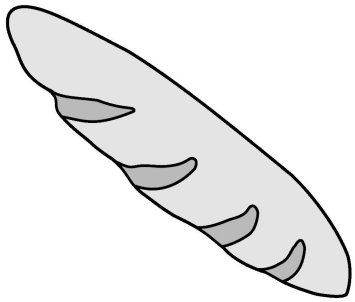
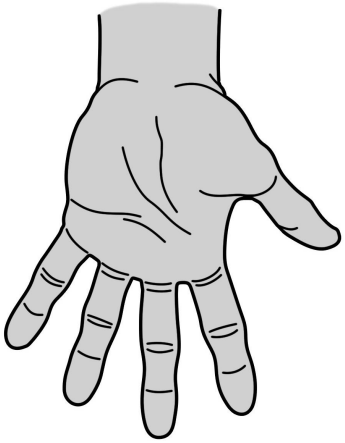
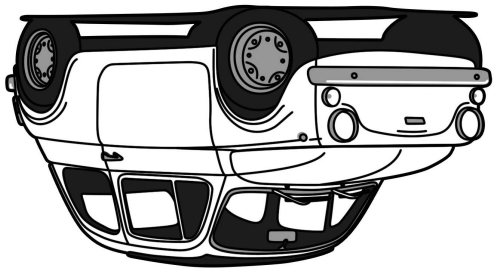
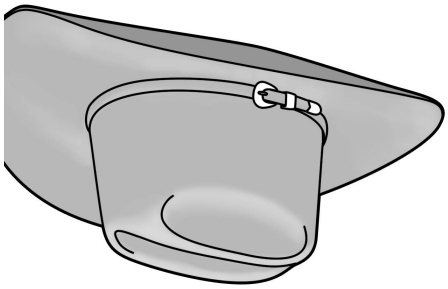
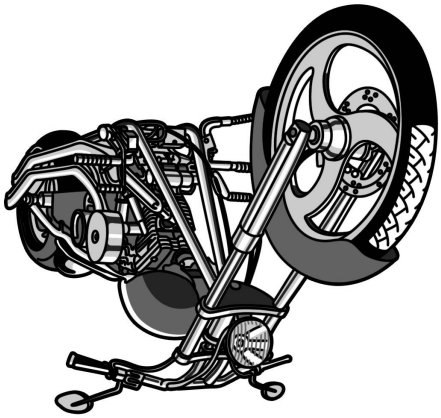
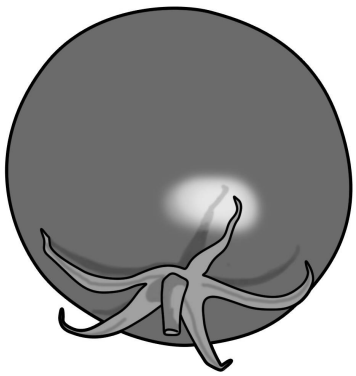


Language Screening Test
LAST-b

Nom du patient

Date : ___/____/_____

Expression orale		SCORE	
Dénomination	Crayon	/1	
	Télévision	/1	
	Girafe	/1	
	Couteau	/1	
	Papillon	/1	
	Score dénomination		***/5***
Répétition	Littérature	/1	
	Les vacanciers voudraient des glaces à la fraise	/1	
	Score répétition		***/2***
Série automatique	Compter de 1 à 10	/1	
	Score série automatique		***/1***
Score total expression orale			**/8**

Compréhension orale		Score	
Désignation	Chapeau	/1	
	Main	/1	
	Voiture	/1	
	Tomate	/1	
	Score désignation		/4
Exécution d'ordres	« Montrez le sol »	/1	
	« Ne prenez pas la feuille mais la clef »	/1	
	« Touchez une de vos oreilles avec un doigt, puis votre front avec deux doigts »	/1	
	Score exécution d'ordres		***/3***
Score total compréhension orale			**/7**
SCORE LAST TOTAL		**/15**	