

SPEECH/LANGUAGE REFERRAL FORM

If you are concerned that a student may have a speech or language problem, please fill out this form and return it to my mailbox in the school. I will screen the student and let you know the results as soon as possible.

STUDENT _____ GRADE _____

TEACHER _____ BIRTHDATE _____

Complete the appropriate section; keep in mind how this student's communication ability differs from others in the classroom.

____ LANGUAGE

The student may have difficulty with receptive and/or expressive vocabulary, grammar, syntax, language processing.

ADMISSION CRITERIA

It is appropriate to initiate therapy for the student who is two or more years delayed in the area of communication skills. If language ability is commensurate with cognitive ability, then the child is not a candidate for speech/language support.

____ ARTICULATION

The student may omit, substitute or distort speech sounds.

ADMISSION CRITERIA

It is appropriate to initiate therapy for the student who has articulation skills which are at least one year delayed and errors, which are not stimuable and are in accordance with the following developmental sequence.

Age in years	Consonant Sounds
3-4	p,b,m,w,h
4 ½	t,d,n,k,g,ng,y
5 ½	f
6 ½	v,sh,zh,l,
8 ½	s,z,r,th,ch,j,wh, & blends

____ FLUENCY

The student may stutter, repeat words, hesitate or prolong words

____ VOICE

The student may be hoarse, breathy, nasal or may talk too loudly or too softly.

CURRENT ACADEMIC PERFORMANCE LEVEL

	Below grade level	On grade level	Above grade level
Language arts	_____	_____	_____
Math	_____	_____	_____