

Referral to Speech Language Pathologist

B R D . S C H . Y R . S T I D

Referral Tracking Number (RTS#):

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Student Name: _____

Date Received: _____

To be completed by the student support services team. Please submit to appropriate personnel with attachments.

Language:

- Difficulty following directions
- Uses inappropriate grammatical forms
- Difficulty putting items into category
- Difficulty describing objects or events
- Difficulty retrieving words
- Speaks in single words or phrases rather than sentences
- Difficulty understanding new words presented in the classroom
- Difficulty following conversational rules (ie: topic maintenance, initiating conversation)
- Echoes what other people say
- Perseverates on certain topics
- Nonverbal
- Lacks sequential order in describing experiences or telling a story

Fluency (Stuttering):

- Repeats sounds, syllables, words, or phrases
- Hesitates when talking
- Sometimes blocks and cannot get words out
- Avoids speaking situations
- Pitch too soft
- Other associated behaviours; please specify - eye blinking, head shaking or fist clenching

Articulation:

- Easy to understand
- Omits sounds
- Difficulty to understand for most listeners
- Distorts (changes) sounds
- Substitutes one sound for another

Voice Quality

- Normal
- Pitch too high
- Pitch too low
- Pitch too loud
- Pitch too soft
- Hoarse
- Nasal

Other comments:

Completed by: _____

Date: _____

Please Attach: Record of Interventions/Pre-Referral Form, IEP, Previous assessment results (if applicable), etc.