

## REFERRAL FOR A SPEECH AND/OR LANGUAGE EVALUATION

Student: _____	DOB: _____	SSN: _____	Sex: _____
Grade: _____	School: _____	Teacher: _____	
Parent/Guardian: _____		Phone: (home) _____	(work) _____
Address: _____			
Person Making the Referral: _____		Date of Referral: _____	

### DIRECTIONS: CHECK (√) AREAS OF CONCERN

A. **Speech (Articulation) Problem(s) noted:**  Yes  No (if yes, check below)

- Often has unintelligible or unclear speech in conversation.
- Speech sounds differ from peers.

**Check (√) articulation interventions that have been implemented:**

- Had child repeat sounds in question.  Modeled correct sounds.
- Stressed target sounds.  Gave opportunities to practice target sounds.
- Had child practice correct production when playing a game or working a puzzle.
- Read a book that contained target sounds and stressed the target sounds.
- Hearing screen. Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Comments on effectiveness of speech interventions:**

B. **Language Problem(s) noted:**  Yes  No (if yes, check below)

- Limitations in vocabulary, knowledge of basic concepts
- Initiating and/or maintaining conversation
- Comprehending and following verbal directions/frequently asks to have them repeated
- Relating/recalling ideas, stories, experiences, etc.
- Incorrect grammar and/or sentence structure
- Frequently makes inappropriate comments/asks inappropriate questions
- Unable to ask/formulate questions
- Has difficulty with listening skills including sound discrimination/sound blending/memory

**Check (√) language interventions that have been implemented:**

- Reduced distractions before giving directions  Made sure student was listening when giving directions
- Paired gestures with directives  Spoke clearly and slowly
- Used repetition...verbatim and rewording  Used chunking when possible
- Selected words at student's ability level  Gave clear feedback immediately and often
- Used parallel talk (talked about what student was doing)  Used self talk (talked about what teacher was doing)
- Labeled (named items as used and discussed their function)  Expatiation (Added more information to student's remark. Example: Student: "Truck there" Teacher: "Yes, there's a big red truck.")
- Exaggerated important words with voice  Moved closer to child to minimize distractions
- Made every effort to eliminate extraneous noise  Seated student in front of the class to increase visual reception and maintain eye contact
- When introducing new idea, changing subjects or giving directions, had a signal for the child (i.e. touching desk)
- Provided additional written or visual material (in some cases, outlines of material to be presented orally)

**Comments on effectiveness of language interventions:**

**C. Fluency Problem(s) noted:**  Yes  No (if yes, check below and circle all that apply)

- Repeats sounds/words/phrases.  Prolongs sounds/words/phrases.
- Speech rate and/or rhythm differs from peers.

**Check (√) fluency interventions that have been implemented:**

- Slowed down speaking rate. Didn't let student rush to keep up with my speaking rate.
- Allowed student to finish words and sentences without interruption or saying things like: *it's okay, slow down and think about it, or you can do it.*
- Avoided situations where child may feel stress (i.e., answering lots of questions and reading aloud in front of the class).

**Comments on effectiveness of fluency interventions:**

**D. Voice Problem noted:**  Yes  No (if yes, check below and circle all that apply)

- Has unusual vocal quality: raspy/scratchy/hoarse/low pitch/nasal/etc.

**ADDITIONAL CONCERNS:**

-----  
**To Be Completed by the School District**

**Speech/Language Screening Results: if Applicable  
(for K, 1<sup>st</sup> grade only)**

**Score(s):**

An informal review was conducted with the person making the referral, the child's parents/guardian, the speech/language clinician, and other qualified individuals regarding identified areas of concern. The following determination was made regarding the referral: (check √ one)

- There is no need for a SPEECH evaluation at this time. Notify the parents/guardian in writing stating the reason(s) why an evaluation is not necessary at this time and provide a copy of their parental rights.**
- There is no need for a LANGUAGE evaluation at this time. Notify the parents/guardian in writing stating the reason(s) why an evaluation is not necessary at this time and provide a copy of their parental rights.**
- A SPEECH evaluation should be completed at this time and parent/guardian consent must be obtained.**
- A LANGUAGE evaluation should be completed at this time and parent/guardian consent must be obtained.**

\_\_\_\_\_  
Administrator or Designee Signature

\_\_\_\_\_  
Date