



Beautiful Plains School Division

BEAUTIFUL PLAINS SCHOOL DIVISION SPEECH-LANGUAGE PATHOLOGY REFERRAL FORM

Please fill in the following information/checklists. Please note that the referral form will be returned if all information is not provided. **Completed referrals should be mailed to the Coordinator of Student Services in a sealed envelope with all appropriate documents attached.**

Identifying Information

Student's Name: _____

Gender: M F Age: _____

School: _____ Grade: _____

Teacher: _____

Date of Referral

 Y Y Y Y M M D D

D.O.B.

 Y Y Y Y M M D D

M.E.T. Number: _____

Parent(s)/Guardian(s) Information

(Please check the preferred contact number(s).)

Mother: _____ Phone: HM: _____ WK: _____

Address: _____

Father: _____ Phone: HM: _____ WK: _____

Address: _____

(Check if same as above)

If divorced or separated who has legal custody?

Mother Father Both

Who is to get copies of midterm reports?

Mother Father Both

Referral Information

Who is requesting this referral? Parent Teacher Other _____

Is the family also requesting assistance? Yes No

Is this student funded? Yes No Level II Level III

Is there a behavior plan in place for this child? Yes No

Has this student repeated a grade? Yes No Which grade? _____

Has the child had any involvement in school programs? Yes No

- Resource Program Early Literacy
- Student Support Program Lifeskills Program
- Psychological Assessment

Has the student had previous Speech-Language Intervention? Yes No

Has this student had their hearing tested? Yes No

Is there a hearing report available? Yes No

Are there any ongoing medical concerns? Yes No

Is this child on any medications? Yes No Please list _____

Has there been involvement from other agencies/professionals? Yes No Check all those that apply.

- Ears, Nose and Throat Doctor Audiology Occupational Therapy
- Physical Therapy Children's disABILITIES Services Child and Family
- Social Worker Speech-Language Pathologist
- Other _____

PLEASE ATTACH ALL RELEVANT REPORTS (e.g., IEP, Resource, Psychological, Audiology, etc.)

Reason for Referral (Please check all that apply.)

- Speech is difficult to understand due to speech sound errors.
- Difficulties understanding and/or following oral directions.
- Has difficulties understanding/answering questions (e.g., who, what, when, where, why, etc)
- Has trouble remembering information (e.g., retelling stories, instructions, information from home)
- Poor grammar/sentence structure (e.g., Him runned down the street. Me won. He running. What that is?)
- Speaks in short simple sentences
- Understands and/or uses a limited vocabulary. (Uses nonspecific language – thing, this that – when speaking)
- Difficulties understanding concepts of time, space, quantity, quality, or directionality.
- Demonstrates inappropriate/inaccurate sequencing skills.
- Demonstrates difficulty describing objects/events across several dimensions including category, function, composition, similarities; differences, and other attributes
- Voice quality sounds harsh, breathy, and/or hoarse.
- Voice quality typically sounds hypernasal (e.g., sounds like the student is talking through his/her nose) or hyponasal (e.g., sounds like the student has a cold).
- Voice volume is often too loud or too soft for the situation and/or pitch is too high or too low for age and sex.
- Demonstrates repetitions and/or prolongations in conversational speech (e.g., “I want I want that book.” “I nnnnnneed help.”
- Flow of speech is interrupted by a complete blocking of sound.
- Demonstrates secondary mannerisms during dysfluent periods (e.g., facial tension, hand clenching)
- Demonstrates an abnormally fast speaking rate.
- Demonstrates difficulty understanding what he/she reads even though he/she has adequate word-attack skills
- The student is not reading at an age-appropriate/grade appropriate level.
- Has difficulty explaining what he/she has read (answering questions, predicting, inferencing)
- Has difficulties retelling a story.
- Has difficulty identifying the main idea of what is read.
- Has trouble remembering details from what is read.
- Demonstrates difficulty identifying and/or generating rhyming words.
- Demonstrates difficulty with sound/symbol association.
- Demonstrates poor spelling (encoding) skills.
- Demonstrates poor reading (decoding) skills.
- Has trouble writing what he or she is thinking.
- Uses poor grammar when writing or has trouble putting words in the right order.
- Has difficulty writing complete sentences and/or writes in short, choppy sentences.
- Demonstrates difficulty solving math word problems even though his/her math facts and computation skills are adequate.

I, _____ parent or guardian of _____ give my permission for this referral to
Parent's Name *Student's Name*
the Speech-Language Pathologist. I understand that the S-LP may do some testing, intervention, and/or consulting with my child and will meet with my child’s teacher(s) and ourselves as parent(s)/guardian(s). I understand that there is no charge for this service. A report is sent to parent(s), the school, and the Student Services Coordinator. Should other agencies be involved, a Release of Information form will be sought prior to the information being shared.

Parent: _____ Date: _____
Resource Teacher: _____ Date: _____
Principal: _____ Date: _____

SEND ALL REFERRALS IN A SEALED ENVELOPED TO THE COORDINATOR OF STUDENT SERVICES.

Received by: Student Services Coordinator: _____ DATE: _____

This personal/health information is being collected under the authority of Beautiful Plains School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of the Freedom of Information and protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Secretary Treasurer of Beautiful Plains School Division who acts as the Access and Privacy Coordinator at 204-476-2388.