**REQUEST FOR SPEECH EVALUATION**

**STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF REFERRAL:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE/PROGRAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEACHER NAME & EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROOM #:\_\_\_\_\_\_\_\_\_\_\_**

**SPECIAL EDUCATION: ▢YES ▢NO DISABILITY/CLASSIFICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CASE MANAGER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C.M. PHONE/EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INITIAL EVALUATION: ▢ YES RE-EVALUATION: ▢ YES**

***FOR REEVALUATION PLEASE PROVIDE UPDATED PLAAFP, PROGRESS REPORT, & PRIOR EVALUATION REPORT***

**CURRENT SPEECH SERVICES:**

 **FREQUENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DURATION PER SESSION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERRED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONCERNS: PLEASE CIRCLE**

**Articulation Receptive Language Expressive language Fluency Voice Swallowing**

**DESCRIBE REASON FOR REFERRAL & EDUCATIONAL IMPACT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**DATE TO BE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*90 days for initial evaluations \*60 days for re-evaluations**

***IMPORTANT: REFERRALS WILL NOT BE ACCEPTED OR PROCESSED IF NOT GIVEN THE ALLOTTED TIME FRAME***

**BEST TIME FOR EVALUATION (Days of week/times):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***In requesting SCESC to complete a formal evaluation our staff may need access files to complete background history***

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**DATE REFERRAL RECEIVED BY THERAPIST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSON CONTACTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVALUATION DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THERAPIST SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Speech Language Evaluation**

**SCHOOL NURSE TO COMPLETE**

Student Name: Grade:

School: Teacher:

Date:

Date of Vision Screening:

Vision Screening Results:

Date of Hearing Screening:

Hearing Screening Results:

Other Pertinent Medical Findings/Diagnosis:

Signature of Examiner: Date:

Title of Examiner:

**Communication Checklist:**

**TEACHER TO COMPLETE**

***Please circle numbers which apply***

**This form is to assist teachers in selecting students who are appropriate for speech referrals.**

**General communication skills:**

1. Does the student avoid talking in class?
2. Does the student seem frustrated when trying to speak?
3. Does the student speak in complete sentences?
4. Does the student speak in short sentences? (4 words or less)
5. Does the student adequately participate in class discussion & state ideas clearly?

**Articulation skills:**

1. Does the student have pronunciation or enunciation errors (omits, substitutes or distorts sounds; reverses sounds in syllables-e.g. aminal for animal)?
2. Does the student confuse words having similar sounds (e.g. thread-Fred)?
3. Do you or his peers sometimes have difficulty understanding this student?
4. Do you ever hear the student correct his/her articulation errors?
5. Do mispronunciations during oral reading relate to his/her articulation errors?
6. Does the student make errors in writing (spelling) that relate to his articulation errors?
7. Do articulation errors affect self-confidence in verbal & social situations with peers?

**Voice skills:**

1. Does the student project loudly enough to be adequately heard in your classroom during recitations?
2. Does the student ever lose his/her voice by the end of the day or during the school day? If so, when?
3. Is the student’s voice inappropriate (e.g. too high, low, hoarse or soft in comparison to his/her peers?

**Fluency skills:**

1. Does the student have trouble with fluency of speech by hesitating, prolongations of sounds or repeating words/phrases?
2. Are responses usually limited to single words?
3. Does the student show concern/awareness about his/her speech difficulty?

**Language skills:**

1. Does this student speak in complete sentences?
2. Is this student’s grammar (syntax) adequate for his/her age?
3. Is this student’s vocabulary limited for his/her age?
4. Does this student have difficulty remembering general information?
5. Does this student have difficulty following oral directions?
6. Does this student require oral directions to be repeated?
7. Does this student have difficulty learning even when things are repeated many times?
8. Is this student able to listen to a story and interpret the meaning?
9. Does the student demonstrate effective listening skills?
10. Is this student easily distracted by extraneous noise in the classroom, next door or outside?

Additional information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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