



# Speech/Language Therapy Referral Form

(to be completed by teacher)

**Student's Name:**

**Age/Grade:**

**Referring Teacher:**

**Date:**

	Reading	Writing	Science	Social Studies	Math
Current Grade					
State Assessment Score (if applicable)					

*Communication Skills: Please compare the student's performance to that of his/her classmates. Answer all questions by circling the appropriate answer.*

	Yes	No	Sometimes
Do you have difficulty understanding this student?	Y	N	S
Does this student avoid speaking in class?	Y	N	S
Do peers tease the student about the way she/he talks?	Y	N	S
Do you feel the student's speech and language skills negatively affect his/her academic performance?	Y	N	S
Does the student appear to be upset when communicating?	Y	N	S
Have you observed the student's speech and language skills influencing his/her personal adjustment (including adult and peer relationships)?	Y	N	S
Does the student require classroom modifications to be successful?	Y	N	S
Does this student have difficulty attending? Check all settings that apply: <input type="checkbox"/> one to one <input type="checkbox"/> small group <input type="checkbox"/> large group <input type="checkbox"/> during lengthy instruction <input type="checkbox"/> noise in the environment	Y	N	S
Does the student have difficulty following directions?	Y	N	S
Does the student have difficulty understanding curriculum vocabulary and/or concepts?	Y	N	S
Does the student require excessive "wait time" to either comprehend or respond?	Y	N	S
Does the student have difficulty expressing ideas in an organized and coherent manner?	Y	N	S
Does the student use incorrect grammar?	Y	N	S
Does the student have difficulty asking/answering relevant questions?	Y	N	S
Does the student exhibit noticeable hesitations, repetitions, and/or tension when speaking?	Y	N	S
Does the student's voice sound unusual (e.g. hoarse, nasal, high-pitched)?	Y	N	S
Does the student's speech rate/volume interfere with your ability to understand him/her?	Y	N	S
Does the student mispronounce sounds or words? Please provide examples:	Y	N	S
Have the parents expressed concerns regarding communication?	Y	N	S

***If you answered YES for any items, please complete the back of this form.***

*Describe the weaknesses of the student's speech and language skills.*

*Describe the student's strengths in all academic areas.*

*What, if any, classroom strategies, adaptations or modifications have you used to assist the student with their communication needs in the classroom setting?*

*Additional Comments:*

**Teacher's Signature:**

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**Please return to:**

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**by:**

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**FOR SPEECH THERAPIST USE ONLY**

Date received from teacher:	Need to screen? yes / no
Permission to screen sent home:	Screen Date:
	Screen Result: PASS FAIL