

***Please attach any professional reports and submit with Principal Referral form**

Name:	School:
D.O.B.:	School Board:
Date of Assessment:	Speech-Language Pathologist:
Presenting Problem(s):	
Background Information:	
Cognitive Skills <input type="checkbox"/> Delayed <input type="checkbox"/> Not Assessed <input type="checkbox"/> WNL	
Observed Behaviour:	
Hearing: <input type="checkbox"/> History-Ear Infections <input type="checkbox"/> Recent Hearing Test	
Results of Hearing Test:	
<input type="checkbox"/> Cleft Palate Report provided from Cleft Palate team <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language Development: <input type="checkbox"/> Delayed/Disorder <input type="checkbox"/> Not Assessed <input type="checkbox"/> WNL	
<input type="checkbox"/> Requires support to develop language	

Voice Concerns WNL

Referral to Ear/Nose/Throat Physician* <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
<i>*An ENT assessment is required prior to referral for voice therapy</i>
Voice Quality: <input type="checkbox"/> WNL <input type="checkbox"/> Difficulties
Pitch/Intonation: <input type="checkbox"/> WNL <input type="checkbox"/> Difficulties
Volume: <input type="checkbox"/> WNL <input type="checkbox"/> Difficulties
History of Vocal Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No Vocal Nodules: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No

Fluency Concerns WNL

Level of Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Dysfluencies Observed/Reported:
Secondary Characteristics:

Articulation/Phonology Concerns Oral-Motor Difficulties Non-Speech WNL

Level of Severity in Connected Speech: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Intelligible most of the time (>80%)	Intelligible 50%-80% of time with careful listening and known contexts	Unintelligible more >50% of the time even with familiar listeners and known contexts
<input type="checkbox"/> Speech more unintelligible than would be expected based on results of single word articulation tests		
Phonological Processes: (Describe/List)		
<input type="checkbox"/> Fronting (t/k; d/g) <input type="checkbox"/> Cluster Reduction		
<input type="checkbox"/> Backing (k/t; g/d) <input type="checkbox"/> Deaffrication (exclusive of stopping)		
<input type="checkbox"/> Stopping (t/s; t/f; t/sh) <input type="checkbox"/> Gliding		
<input type="checkbox"/> Vowel Distortion <input type="checkbox"/> Final Consonant Deletion		
<input type="checkbox"/> Weak Syllable Deletion <input type="checkbox"/> Initial Consonant Deletion		
<input type="checkbox"/> Omissions		
<input type="checkbox"/> Distortions		
<input type="checkbox"/> Other		
Articulation Errors: (List)		
<input type="checkbox"/> Single Sound Error		
<input type="checkbox"/> Interdental Production		
Oral-Motor Functioning: <input type="checkbox"/> Difficulty Sequencing <input type="checkbox"/> Imprecise Speech <input type="checkbox"/> WNL		
<input type="checkbox"/> Effortful Groping		
Describe		
Non-Speech Communication: <input type="checkbox"/> Uses Aug Comm'n <input type="checkbox"/> Requires Aug Comm'n <input type="checkbox"/> WNL		
Describe		

Date

Speech-Language Pathologist

School Board or Agency/Telephone Number

cc: School Principal/OSR
 School SLP