

**SCHOOL BASED REHABILITATION SERVICES**  
**School Board Speech-Language Pathologist's Referral**

**\* Please 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  Delayed  Not Assessed  WNL

Observed Behaviour(s) \_\_\_\_\_

Hearing:  WNL  History of Ear Infections  Recent Hearing Test - Date \_\_\_\_\_

Language Development  Delayed  Not Assessed  WNL

**Voice**

Referral to Ear Nose and Throat Physician\*  Yes  No Date: \_\_\_\_\_

*\*An ENT assessment is required prior to voice therapy\**

*\*Referral to SBRS can be processed as long as referral to an ENT has been initiated\**

Voice quality  WNL  Concerns

Pitch/Intonation  WNL  Concerns

Volume  WNL  Concerns

History of Vocal Abuse  Yes  No Vocal Nodules:  Yes  No

Surgery  Yes  No More Information \_\_\_\_\_

**Resonance**

Hypernasal  Hyponasal  Mixed Nasality

Nasal Air Emission  Generalized  Phoneme/Sound Specific

Involved with or referral initiated to Cleft Lip/Cleft Palate/VPI Clinic  Yes  No

More Information \_\_\_\_\_

**Fluency**

Level of Severity:  Mild  Moderate  Severe Dysfluencies Observed/Reported  repetition  
 prolongation  blocking  filler

Secondary Behaviours Observed  eye tension  facial grimace  lip pressing  nostril flare  
 jaw jerk  extra head/body movements  noisy or dysrhythmic breathing

Impact on the student \_\_\_\_\_

**Articulation and Phonology**

- |                                                                                                          |                                                                                                 |                                                                                                     |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Mild (not eligible)</b><br>1-2 sound errors<br>Intelligible most of the time | <input type="checkbox"/> <b>Moderate</b><br>3-6 sound errors<br>Intelligible 50-80% of the time | <input type="checkbox"/> <b>Severe</b><br>7+ sound errors<br>Intelligible less than 50% of the time |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

\*One phoneme counts as one sound error regardless of the number of positions (e.g., /F/ initial, medial and final counts as one sound error)\*

\*Percentile ranks on articulation tests do not determine severity levels (e.g., GFTA-3, PAT etc.)\*

Speech more unintelligible than would be expected based on results of single word articulation test

Check all that apply:

- |                                                     |                                                   |                                    |                                            |                                        |                                       |
|-----------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fronting                   | <input type="checkbox"/> Backing                  | <input type="checkbox"/> Stopping  | <input type="checkbox"/> Cluster Reduction | <input type="checkbox"/> Deaffrication | <input type="checkbox"/> Assimilation |
| <input type="checkbox"/> Initial Consonant Deletion | <input type="checkbox"/> Final Consonant Deletion | <input type="checkbox"/> Omissions | <input type="checkbox"/> Distortions       |                                        |                                       |

Sound specific substitution \_\_\_\_\_

Examples/More Information: \_\_\_\_\_

**Motor Speech/Oral Motor**

Check all that apply (3 or more concerns meet the criteria for oral motor concerns):

- |                                                                                         |                                                       |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Limited vowel repertoire                                       | <input type="checkbox"/> Limited syllable/word shapes |
| <input type="checkbox"/> Limited consonant repertoire/consonant distortions             | <input type="checkbox"/> Inconsistent productions     |
| <input type="checkbox"/> Difficulties with jaw and lip movements                        | <input type="checkbox"/> Groping                      |
| <input type="checkbox"/> Persistent early developing or atypical phonological processes | <input type="checkbox"/> Atypical speech quality      |
| <input type="checkbox"/> Increased errors as phonemic sequence increases                | <input type="checkbox"/> Atypical speech prosody      |

Examples/More Information: \_\_\_\_\_

**Augmentative and Alternative Communication**

\*School teams who are in need of support with low/high tech communication strategies for students who require support with functional communication can request consultation sessions through the CTC-CK Augmentative Communication Service (<https://ctc-ck.com/wp-content/uploads/2020/10/Augmentative-Communication-Service-Consult-Request-21.pdf>) \*

\*If the referring SLP is unsure about the appropriateness of an articulation/motor speech referral vs functional communication referral please contact CTC-CK SBRS Speech Dept. (519) 354-0520 (ask for the SBRS Speech Dept.)\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Speech-Language Pathologist