

**SCHOOL BASED REHABILITATION SERVICES**  
**Speech-Language Pathology Referral**

**\* Please submit with Principal Referral Form**

Name \_\_\_\_\_ School \_\_\_\_\_

D.O.B. \_\_\_\_\_ School Board \_\_\_\_\_

Date of School Board Speech-Language Assessment (if applicable) \_\_\_\_\_

Referring Speech-Language Pathologist (if applicable) \_\_\_\_\_  School Board SLP not involved

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:  Repetitions  Prolongations  Blocks  Interjections

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 \_\_\_\_\_

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## Articulation and Phonology

### Mild SBRS need

1-2 non-developmental sound errors  
Intelligible most of the time  
Not stimulable for sound errors

### Moderate SBRS need

3-6 non-developmental sound errors  
Intelligible 50-80% of the time

### Severe SBRS need

7+ non-developmental sound errors  
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 need (e.g., GFTA-3, PAT etc.).

\*If a child has 1-2 sound errors and is stimulable for those sound errors, they are not eligible for SBRS service.

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

Check all that apply (if applicable):

Fronting  Backing  Stopping  Cluster Reduction  Deaffrication  Assimilation

Initial Consonant Deletion  Final Consonant Deletion  Omissions  Distortions

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

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

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## Motor Speech/Oral Motor

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

Limited vowel repertoire

Limited syllable/word shapes

Limited consonant repertoire/consonant distortions

Inconsistent productions

Difficulties with jaw and lip movements

Groping

Persistent early developing or atypical phonological processes

Atypical speech quality

Increased errors as phonemic sequence increases

Atypical speech prosody

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

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## Augmentative and Alternative Communication

School teams who need support with a student's low/high tech communication device and/or strategies for 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

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Speech-Language Pathologist/Resource Teacher