

SCHOOL BASED REHABILITATION SERVICES

Speech-Language Pathology Referral

*** Please submit with Principal Referral Form**

Name _____ School _____

D.O.B. _____ School Board _____

Classroom Teacher: _____ Rm #: _____

Involved with School Board Speech-Language team: Yes No

If yes, difficulties with: Expressive Language Receptive Language Other: _____

Date of most recent School Board Speech-Language Assessment (if applicable): _____

Hearing: WNL (within normal limits) Hearing loss History of ear infections Unknown

Recent hearing test – date: _____

Reason for Referral (Select all that apply and provide additional information in the corresponding areas below):

Articulation/Phonology/Motor Speech Fluency Voice/Resonance

What is the expected outcome of the referral:

- Student will be better understood by education staff.
- Student will be better understood by peers.
- Student's classroom participation will improve (if currently impacted by their speech difficulties).
- Reduced negative impact of speech difficulties.

Any additional comments or pertinent information for this referral?

THERAPY READINESS SKILLS

The student is required to have the following therapy readiness skills listed below before an SBRS referral can proceed. Please determine if the student is ready for SBRS intervention now, or if they would benefit from being referred later if/when their readiness skills have emerged.

Behavioural Readiness

- The student can sit and attend for the length of time needed for intervention to be effective (up to 30 mins).
- The student can attend to and imitate another person's actions.
- The student does not pose a safety risk to self or others.

If the student does not have the behavioural readiness skills to benefit from SBRS Speech services, a referral to SBRS Speech should be deferred. See 'ST-SBRS General Recommendations for Speech Development' for ideas on how to support the student's speech development at home and school.

Language Readiness

The student has the language skills to support direct intervention, including:

- Receptive language skills strong enough to support understanding of directions, cueing, and feedback regarding the movement of the mouth (i.e., keep your tongue behind your teeth).
- Sufficient expressive vocabulary to support speech intervention (i.e., at least 50 words or word approximations).
- An understanding that communication is a two-way street and requires turn-taking.

Student Name:

D.O.B.:

If communication and basic language is the priority area of need (i.e., see language readiness skills), a referral to SBRS Speech should be deferred until they are further developed. Please see your School Board Speech-Language team for suggestions regarding language development.

Consent and Attestations

If the referral is for a student in Grade 7 or above: The referral source attests that they have spoken to the student who is being referred, and the student is agreeable to the SBRS referral and will be receptive to the recommendations provided.

VOICE

ENT Report attached: *Voice/resonance referrals must be accompanied by an Ear, Nose, and Throat (ENT) report completed within the last year. Referrals will not be accepted if an ENT assessment has not occurred. If an ENT report is not enclosed with this referral, SBRS intake will follow up with caregiver to request the ENT report.

Voice Concerns: Hoarse quality Strained quality Breathiness Abnormal pitch
 Voice tremor Abnormal intonation Inappropriate volume Regularly loses voice
 Pain when using voice Breaks in phonation

Resonance Concerns: Hypernasal Hyponasal Nasal air emission on sounds

History of: Vocal abuse Vocal nodules Surgery

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

FLUENCY

Stuttering or dysfluencies noted by: Teacher Parent Student

If English is a second language, dysfluency also occurs in first language. Yes No Unknown

Dysfluencies Observed/Reported:

- Sound repetitions (i.e., b-b-b-but it's my turn.)
- Word repetitions (i.e., We-we-we went to the park.)
- Phrase repetitions (i.e., I want-I want to go.)
- Prolongations (i.e., I can mmmmmmake cookies.)
- Blocks/Atypical pauses (i.e., We have a -----dog.)
- Tension accompanies speech and moments of dysfluency OR speech is effortful and accompanies struggle.

Secondary behaviours (behaviours that accompany a moment of dysfluency) observed:

- Eye blinking Lip pressing Nostril flare Facial grimace Jaw jerk
 - Extra head/body moments (i.e., flailing arm, clenching fist) Noisy or dysrhythmic breathing
-

ARTICULATION/PHONOLOGY/MOTOR SPEECH

- | | | |
|--|---|---|
| <input type="checkbox"/> Mild SBRS need
1-2 non-developmental sound errors
Intelligible most of the time
<u>Not</u> stimuable for sound errors | <input type="checkbox"/> Moderate SBRS need
3-6 non-developmental sound errors
Intelligible 50-80% of the time | <input type="checkbox"/> 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 stimuable for those sound errors, they are not eligible for SBRS service.

Student Name:

D.O.B.:

Select the sounds the child has difficulty producing:

- | | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> /p/ | <input type="checkbox"/> /d/ | <input type="checkbox"/> /f/ | <input type="checkbox"/> /s/ | <input type="checkbox"/> /g/ | <input type="checkbox"/> /th/ (think) | <input type="checkbox"/> /j/ (jam) | <input type="checkbox"/> /y/ (you) |
| <input type="checkbox"/> /b/ | <input type="checkbox"/> /m/ | <input type="checkbox"/> /v/ | <input type="checkbox"/> /z/ | <input type="checkbox"/> /h/ | <input type="checkbox"/> /sh/ (shoe) | <input type="checkbox"/> /zh/ (beige) | |
| <input type="checkbox"/> /t/ | <input type="checkbox"/> /n/ | <input type="checkbox"/> /l/ | <input type="checkbox"/> /k/ | <input type="checkbox"/> /r/ | <input type="checkbox"/> /ch/ (chair) | <input type="checkbox"/> /ng/ (sing) | |

Other observations:

- Vowel distortions
- Limited syllable/word shapes (i.e., can't produce 2+ syllable words)
- Inconsistent productions (the same word is said different across repetitions)
- Groping (silent posturing of the mouth related to a child's struggle to find where the mouth needs to be to produce a sound)

IMPACT ON STUDENT

How often is the student understood by the classroom teacher?

- All of the time Most of the time (80-90%) Some of the time (50-80%) Rarely (less than 50%)

How often is the student understood by peers?

- All of the time Most of the time (80-90%) Some of the time (50-80%) Rarely (less than 50%)

How often is the student understood by unfamiliar listeners (i.e., the secretary, the gym teacher)?

- All of the time Most of the time (80-90%) Some of the time (50-80%) Rarely (less than 50%)

Social/Emotional/Academic Impact

- Not applicable – speech difficulties do not seem to impact student
- Social impact – speech difficulties limit social interaction in daily or regular activities (i.e., avoidance, teasing, bullying)
- Emotional impact – student appears to be experiencing some emotional and/or behavioural impact of speech impairment (i.e., tears, anger, frustration, temper tantrums)
- Academic impact – speech difficulties seem to be impacting the student's academic achievement (i.e., avoid participating in class due to fear of speech impairment, staff's ability to understand the student's oral responses, spelling errors directly related to speech errors)

More information: _____

Based on concerns identified, needs will be prioritized, and goals developed.

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 referral source 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

Referral Source