

## SBRS Speech-Language Pathologist Checklist

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

STUDENT INFORMATION:				
Name:		Grade:	DOB: (dd/mm/yyyy)	
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):				(dd/mm/yyyy)
Hearing:	Within normal limits	Hearing loss	History of ear infections	Unknown
Recent hearing test: Date:				
What is the expected outcome of this referral:				
<p>Student will be better understood by education and staff.</p> <p>Student will be better understood by peers.</p> <p>Student's classroom participation will improve (if currently impacted by their speech difficulties).</p> <p>Reduced negative impact of speech difficulties</p>				
THERAPY READINESS SKILLS				
The student is required to have the following therapy readiness skills listed below before an SBRS referral can proceed. See 'ST-SBRS General Recommendations for Speech Development' for ideas on how to support the student's speech development at home and school.				
Behavioural Readiness				
<p>The student can sit and attend for up to 30 minutes.</p> <p>The student can attend to and imitate another person's actions.</p> <p>The student does not pose a safety risk to self or others.</p>				
Language Readiness				
<p><b>The student has the language skills to support direct intervention, including:</b></p> <p>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).</p> <p>Sufficient expressive vocabulary (i.e., at least 50 words or word approximations).</p> <p>An understanding that communication is a two-way street and requires turn-taking.</p> <p><i>* 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. *</i></p>				
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.				

<b>REASON FOR REFERRAL</b> (Select all that apply and provide additional information in the corresponding areas below)																							
Articulation/Phonology/Motor Speech		Fluency		Voice/Resonance																			
<b>VOICE</b>																							
<b>ENT Report attached:</b> * 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. Please attach assessment.																							
<b>Voice Concerns:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Hoarse quality</td> <td style="width: 25%;">Strained quality</td> <td style="width: 25%;">Breathy quality</td> <td style="width: 25%;">Abnormal pitch</td> </tr> <tr> <td>Voice tremor</td> <td>Inappropriate volume</td> <td>Regularly loses voice</td> <td>Abnormal intonation</td> </tr> <tr> <td>Breaks in phonation</td> <td>Pain when using voice</td> <td></td> <td></td> </tr> </table>								Hoarse quality	Strained quality	Breathy quality	Abnormal pitch	Voice tremor	Inappropriate volume	Regularly loses voice	Abnormal intonation	Breaks in phonation	Pain when using voice						
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<b>Involved with or referral initiated to Cleft Lip/Cleft Palate/VPI Clinic:</b>				Yes	No																		
<b>FLUENCY</b>																							
Stuttering or dysfluencies noted by:      Teacher      Parent      Student																							
If English is a second language, dysfluency also occurs in first language:      Yes      No      Unknown																							
<b>Dysfluencies Observed/Reported:</b> <ul style="list-style-type: none"> <li>Sound repetitions (i.e., b-b-b-but it's my turn)</li> <li>Word repetitions (i.e., We-we-we went to the park)</li> <li>Phrase repetitions (i.e., I want-I want to go)</li> <li>Prolongations (i.e., I can mmmmmmake cookies)</li> <li>Blocks/Atypical pauses (i.e., We havea-----dog)</li> <li>Tension accompanies speech and moments of dysfluency OR speech is effortful and accompanies struggle</li> </ul>																							
<b>Secondary behaviours (behaviours that accompany a moment of dysfluency) observed:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%;">Eye Blinking</td> <td style="width: 16.6%;">Lip pressing</td> <td style="width: 16.6%;">Nostril flare</td> <td style="width: 16.6%;">Facial grimace</td> <td style="width: 16.6%;">Jaw jerk</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">Extra head/body moments (i.e. flailing arm, clenching fist)</td> <td colspan="4">Noisy or dysrhythmic breathing</td> </tr> </table>								Eye Blinking	Lip pressing	Nostril flare	Facial grimace	Jaw jerk				Extra head/body moments (i.e. flailing arm, clenching fist)				Noisy or dysrhythmic breathing			
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<b>ARTICULATION/PHONOLOGY/MOTOR SPEECH</b>																							
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																			
<small>*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.).</small>																							
<b>Select the sounds the child has difficulty producing:</b>																							
/p/	/d/	/f/	/s/	/g/	/th/ (think)	/j/ (jam)	/y/ (you)																
/b/	/m/	/v/	/z/	/h/	/sh/ (shoe)	/zh/ (beige)																	
/t/	/n/	/l/	/k/	/r/	/ch/ (chair)	/ng/ (sing)																	
<b>Other observations:</b> <ul style="list-style-type: none"> <li>Vowel distortions</li> <li>Limited syllable/word shapes (i.e., can't produce 2+ syllable words)</li> <li>Inconsistent productions (the same word is said different across repetitions)</li> <li>Groping (silent posturing of the mouth related to a child's struggle to find where the mouth needs to be to produce a sound)</li> </ul>																							

IMPACT ON STUDENT			
<i>(All the time = 100%, Most of the time =80-90%, Some of the time = 50 -80%, Rarely = less than 50%)</i>			
How often is the student understood by the classroom teacher?			
All of the time	Most of the time	Some of the time	Rarely
How often is the student understood by peers?			
All of the time	Most of the time	Some of the time	Rarely
How often is the student understood by unfamiliar listeners (i.e., the secretary, the gym teacher)?			
All of the time	Most of the time	Some of the time	Rarely
Social/Emotional/Academic Impact			
<p>Social impact - speech difficulties limit social interaction in daily or regular activities (i.e., avoidance, teasing, bullying)</p> <p>Emotional impact - student appears to be experiencing some emotional and/or behavioural impact of speech impairment (i.e., tears, anger, frustration, temper tantrums)</p> <p>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)</p> <p><b><i>**If speech difficulties do not impact the student's participation and access to the curriculum, they are not eligible for SBRS speech services. If you have questions regarding a referral, please connect with your SBRS SLP. **</i></b></p>			
Any additional comments or pertinent information for this referral?			
<p><i>Based on concerns identified, needs will be prioritized, and goals developed.</i></p>			
Augmentative and Alternative Communication			
<p>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.</p> <p><a href="#">Augmentative Communication Service (ACS) Clinic Consultation Request</a></p> <p><i>*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.).</i></p>			
Completed by:		Date: (dd/mm/yyyy)	
Email:			
Phone number:		Ext:	
Signature:			