Children's TREATMENT CENTRE OF CHATHAM-KENT

SBRS Speech-Language Pathologist Referral Form

Please submit with Principal Referral Form

☐ **Referral has been reviewed with SBRS SLP prior to submitting**

Clear 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:

- ☐ Better understood by educators and staff.
- ☐ Better understood by peers.
- ☐ Improved classroom participation (if currently impacted by their speech difficulties).
- ☐ Reduced negative impact of speech difficulties.

THERAPY READINESS SKILLS

The student is required to have the following therapy readiness skills listed below before an SBRS referral can proceed.

- ☐ The student can maintain joint attention and participate in turn-taking.
- ☐ The student can participate in joint activities with prompting and/or redirection.
- ☐ The student can imitate another person's actions with prompting.
- ☐ Receptive language skills are 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).
- ☐ The student does not pose a safety risk to self or others.

**** If communication and basic language is the priority area of need, 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.

REASON FOR REFERRAL (Select all that apply and provide additional information in the corresponding areas below)
☐ Articulation/Phonology/Motor Speech ☐ Fluency ☐ Voice/Resonance

VOICE ☐ Concerns ☐ No Concerns

☐ **ENT Report attached:** ** Voice/resonance referrals must be accompanied by an Ear, Nose, and Throat (ENT) doctor report completed within the last year. Referrals will not be accepted if an ENT assessment has not occurred. Please attach assessment.*

Voice Concerns:

☐ Hoarse quality ☐ Strained quality ☐ Breathy quality ☐ Abnormal pitch
☐ Voice tremor ☐ Inappropriate volume ☐ Regularly loses voice ☐ Abnormal intonation
☐ Breaks in phonation ☐ Pain when using voice

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 ☐ Concerns ☐ No Concerns

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 ☐ Concerns ☐ No Concerns

JK AND SK

☐ Moderate SBRS need
2+ non-developmental and/or atypical sound errors
Intelligible 50-75% of the time

☐ Severe SBRS need
2+ non-developmental and/or atypical sound errors
Intelligible less than 50% of the time

GRADE 1 AND UP

☐ Moderate SBRS need
3-6 non-developmental and/or atypical sound errors
Intelligible 50-80% of the time

☐ Severe SBRS need
7+ non-developmental and/or atypical 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.).

Select the sounds the child has difficulty producing:

☐ /h/	☐ /p/	☐ /n/	☐ /k/	☐ /f/	☐ /z/	☐ /ch/(chair)	☐ /l/
☐ /w/	☐ /b/	☐ /t/	☐ /g/	☐ /v/	☐ /s/blends(spoon)	☐ /j/ (jam)	☐ /r/
☐ /y/(you)	☐ /m/	☐ /d/	☐ /ng/(sing)	☐ /s/	☐ /sh/ (shoe)	☐ /zh/(beige)	☐ /th/(think/the)

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, e.g., snake → sank, nake, sake, ache)
☐ 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

(All the time = 100%, Most of the time =80-90%, Some of the time = 50 -80%, Rarely = less than 50%)

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

☐ 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)

If speech difficulties do not impact the student's participation and access to the curriculum, they are not eligible for SBRS speech services. *

Any additional comments or pertinent information for this referral?

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.
Augmentative Communication Service (ACS) Clinic Consultation Request

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.).

Completed by:	**Date:** **(***dd/mm/yyyy)*
Email:	
Phone number:	**Ext:**
Signature:	