

Referral to Speech Language Pathologist

Referral Tracking Number (RTS#):

B	R	D.	S	C	H.	Y	R.	S	T	I	D

Student Name: _____

Date Received: _____

To be completed by the student support services team. Please submit to appropriate personnel with attachments.

Language:

- ☐ Difficulty following directions
- ☐ Uses inappropriate grammatical forms
- ☐ Difficulty putting items into category
- ☐ Difficulty describing objects or events
- ☐ Difficulty retrieving words
- ☐ Speaks in single words or phrases rather than sentences
- ☐ Difficulty understanding new words presented in the classroom
- ☐ Difficulty following conversational rules (ie: topic maintenance, initiating conversation)
- ☐ Echoes what other people say
- ☐ Perseverates on certain topics
- ☐ Nonverbal
- ☐ Lacks sequential order in describing experiences or telling a story

Fluency (Stuttering):

- ☐ Repeats sounds, syllables, words, or phrases
- ☐ Hesitates when talking
- ☐ Sometimes blocks and cannot get words out
- ☐ Avoids speaking situations
- ☐ Pitch too soft
- ☐ Other associated behaviours; please specify - eye blinking, head shaking or fist clenching

Articulation:

- ☐ Easy to understand
- ☐ Omits sounds
- ☐ Difficulty to understand for most listeners
- ☐ Distorts (changes) sounds
- ☐ Substitutes one sound for another

Voice Quality

- ☐ Normal
- ☐ Pitch too high
- ☐ Pitch too low
- ☐ Pitch too loud
- ☐ Pitch too soft
- ☐ Hoarse
- ☐ Nasal

Other comments:

Completed by: _____

Date: _____

Please Attach: Record of Interventions/Pre-Referral Form, IEP, Previous assessment results (if applicable), etc.