

Speech/Language Screening Referral Form

Child's Name: _____

Date of Birth: _____ Grade: _____

School: _____

Teacher: _____ Date: _____

Teacher Email: _____ Contact Number: _____

Child referred for the following reason(s) – check **ALL** that apply:

- Uses more non-verbal (gestures, pointing, grunting) than verbal communication
 - Difficult to understand due to multiple sound errors in conversation (mispronounces or leaves off sounds); Sound errors teacher or parent has identified: _____
 - Single sound errors in conversation (e.g. mispronunciation of S at the beginning, middle, and/or end of words); Specify sound error or give example if possible: _____
 - Limited vocabulary in comparison to same-age peers
 - Not speaking in complete sentences or speaking in very short sentences in comparison to same-age peers
 - Poor grammar skills in comparison to same-age peers (e.g. pronoun usage, verb usage, plurals, question forms, word order)
 - Marked difficulty following spoken directions
 - Poor listening or reading comprehension of age-appropriate text (not due to difficulty with the actual reading of the text)
 - Difficulty socializing, playing, and/or sharing with peers and/or familiar adults
 - Does not interact in age-appropriate manner with peers
 - Stuttering (e.g. repeats sounds or syllables in words, whole words, phrases; unable to get certain sounds or words out; visible signs of tension when speaking)
 - Rate of speech is too fast or too slow
 - Unusual vocal quality (e.g. persistent hoarseness, breathiness, nasal, or voice loss)
 - Unusually loud or soft speaking voice
 - Medical diagnosis/syndrome associated with communication delays; If yes, please specify diagnosis/syndrome: _____
 - Other (specify): _____
 - Parental concern expressed (specify): _____
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