



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
REFERRAL FOR SPEECH-LANGUAGE ASSESSMENT

SE 3

Instructions: Please check yes/no as applicable. Please be as thorough as possible when completing this form. Additional comments may be included at the end of the form.

Reason For Referral : _____

Name: _____

Date of Referral:
(yyyy-mm-dd)

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School: _____

Date of Birth:
(yyyy-mm-dd)

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Grade: _____

I.E.P. Developed: Yes No

Teacher: _____

Home Address: _____

Home

Telephone: _____

Name of Father: _____

Name of Mother: _____

Other languages spoken: _____

Country where child was born: _____

Language(s) spoken in the home: _____

Name of other schools/grades child has attended :

Brothers & sisters (name, age, grade):

Health/Behaviour: _____

Hearing Test Results: _____

Estimated grade level at which child is achieving:

Reading: _____

Math: _____

Spelling: _____

Has this child repeated any grades?

Yes

No

Language Comprehension**Yes****No**

Can the child follow simple verbal directions?

Can the child follow longer, more complex directions and/or conversations?

Does the child appear to hear when his back is turned to the speaker?

Language Production

Does the child use correct grammar, word order?

Does the child use complex sentences?

Does he use a rich and varied vocabulary?

Can the child retell a story verbally?

Articulation/Phonology

Can you understand the child when he speaks?

Does the child omit some of the sounds or substitute others, e.g. "tone" for "stone", "gog" for "dog";

_____ or distortions such as lisps or slushy sounds?

Voice

Is the child's voice consistently very loud, very soft, hoarse, monotonous or nasal? Please specify:

Fluency

Does the child exhibit any stuttering behaviour or hesitations, i.e. "y-y- you know..."?

Is the child embarrassed or disturbed by his/her speech?

Other comments:

Teacher's Signature_____
Principal's Signature_____
Date