SCHOOL BASED REHABILITATION SERVICES

Speech-Language Pathology Referral Form

1240 Murphy Road Sarnia, ON N7S 2Y6
519-542-3471 TOLL FREE 1-855-542-3471
www.pathwayscentre.org

***Please submit with Principal Referral Form and attach any relevant professional reports.**

STUDENT INFORMATION:	
Name:	**Date of Birth:** *(mm/dd/yyyy)*

REFERRAL ELIGIBILITY:

All of the following criteria must be met before this referral is submitted:

- The primary concern relates to one or more of the following: moderate to severe articulation, dysfluency (stuttering), motor speech, voice or resonance.
  Please Note: Concerns related to receptive/expressive language, mild articulation, auditory processing or literacy are to be referred to the School Board Speech-Language team.
- Caregiver has provided consent for this referral and agrees to support implementation of recommendations provided by SLP.
- **For students in grade 7 or above**:
  - The referral source has discussed the referral with the student.
  - The student agrees to participate in SBRS speech services and recommendations.
  - The referral must be reviewed, approved and signed by the SBRS SLP prior to submission.
- **The Referral Form has been reviewed with the appropriate SLP (School Board or SBRS, as applicable) and signed in Section C prior to submission.**

GENERAL INFORMATION:

Name of Person Completing Form:

Role of Person Completing Form: ☐ Teacher/RT ☐ SLP ☐ CDA ☐ Other:

Previous SBRS SLP Services	Has the student previously received SBRS SLP services? ☐ Yes ☐ No **If Yes: Referral must be reviewed and signed by the SBRS SLP prior to submission.** Year discharged:
Health History	**List all known diagnoses, medical conditions, behaviours or other factors that may affect Speech intervention**:
Hearing History	☐ WNL ☐ Recent Hearing Test/Screen- Date: ☐ History-Ear Infections ☐ Central Auditory Processing Testing – Date:
School Board Speech-Language Supports	**Students with concern relates to communication development or language (rather than speech production) should be referred to the School Board Speech-Language team for consideration.** Is the student currently involved with School Board Speech-Language services? ☐ Yes ☐ No *If yes, please indicate the area(s) of support*: ☐ Expressive Language ☐ Receptive Language ☐ Other: Current communication supports/strategies being used at school (if applicable): Date of most recent School Board SLP Assessment/Screening (if applicable):

Therapy Readiness	Please confirm that the student demonstrates the following skills needed to participate in SBRS speech intervention: ☐ Student can attend to and imitate another person's actions. ☐ Student is willing to attempt productions and accept feedback. ☐ Student has sufficient expressive vocabulary to support speech intervention (i.e., at least 50 words or word approximations). If the student does not yet demonstrate all the above skills, the referral should be deferred until these readiness skills have developed.
Feeding	For feeding concerns, school teams may contact Pathways Health Centre for Children's Feeding Team to determine eligibility. http://www.pathwayscentre.org/program-service/feeding
Non-Verbal Communication	**Augmentative and Alternative Communication** For students requiring low or high-tech augmentative communication supports, school teams may contact Pathways Health Centre for Children's Augmentative Communication Service (ACS) to determine eligibility. http://www.pathwayscentre.org/program-service/augmentative-communication-services*

REASON FOR REFERRAL:

Complete the appropriate section based on the information below.

SECTION A – SCHOOL TEAM

Who Completes this section?

GRADE 1 and above: Principal, RT, Teacher, CDA or other school team member.

JK/SK Referrals: To be completed **ONLY by the School Board SLP team**.

Grade 7+: School team may complete Section A; however, SBRS SLP review and approval is required before submission.

☐ **Stuttering/Dysfluency**

Stuttering or dysfluency is noted by: ☐ Teacher ☐ Parent ☐ Student ☐ Board SLP

Stuttering/Dysfluencies Observed:

☐ Repetition (e.g. Do we have set the tay-tay-table?)
☐ Prolongation (e.g. I can mmmmake cookies.)
☐ Pauses (e.g. We have a ----- dog.)

How frequently does the student demonstrate stuttering?

☐ In every conversation ☐ In some conversations ☐ Infrequently (e.g. when excited)

Are there physical behaviours observed during stuttering (i.e. eye blinking, head movements, etc.)?

☐ Yes ☐ No *If Yes, please describe*:

☐ **Speech Sound Concerns**

Overall, how well can you understand the student's speech?

☐ ALL of the time ☐ SOME of the time ☐ Rarely

Describe the speech difficulties observed. Please include 3 examples. *If you are unsure how to describe the specific speech errors, consult with an SLP.*

1.
2.
3.

Additional Comments:

SECTION B – SCHOOL BOARD SLP

To be completed by the School Board SLP ONLY.

☐ Articulation/Phonology Concerns

Assessment completed: ☐ Standardized Test ☐ Screener ☐ Informal Speech Sample

If standardized test completed results: ☐ Mild Impairment (7th-16th percentile) (Not eligible)
☐ Moderate Impairment (2nd-6th percentile)
☐ Severe Impairment (<2nd percentile)

Clinical Impression:

I can understand the student: ☐ ALL of the time ☐ SOME of the time ☐ Rarely

Check all that apply:

☐ Fronting ☐ Backing ☐ Stopping ☐ Cluster Reduction
☐ Deaffrication ☐ Assimilation ☐ Omissions ☐ Distortions
☐ Gliding ☐ Initial Consonant Deletion ☐ Final Consonant Deletion

Additional Comments:

☐ Voice Concerns **Note: Referral to an ENT or Voice Clinic should be initiated by the referring SLP.*

Referral has been made to Ear/Nose/Throat Physician or Voice Clinic*: ☐ Yes ☐ No

Report sent to (Physician Name):

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

History of: ☐ Vocal abuse ☐ Vocal nodules ☐ Surgery

Additional Comments:

☐ Resonance

Involved with or referral initiated to Cleft Lip/Cleft Palate/VPI Clinic: ☐ Yes ☐ No

Concerns:
☐ Hypernasal ☐ Hyponasal ☐ Mixed Nasality
☐ Nasal Air Emission ☐ Generalized ☐ Phoneme/Sound Specific

Additional Comments:

☐ Motor Speech

☐ Limited vowel repertoire ☐ Limited syllable/word shapes
☐ Difficulties with jaw, lip and tongue movements ☐ Imprecise Speech
☐ Feeding concerns (chewing & swallowing difficulties) ☐ Difficulty sequencing sounds

Additional Comments:

Section C – SLP REVIEW & SIGNATURE

Required for ALL REFERRALS. School board and/or SBRS SLP as appropriate.

Reviewed by (Please Print):	**Date:**			
Organization:	**School Board SLP**		**SBRS SLP**	
Email:	**Phone:**		**Ext:**	
Initials/Signature:	☐ **Profound**	☐ **Severe**	☐ **Moderate**	☐ **Mild**

Any Additional Information/Comments:

Please Note: Based on the concerns identified, referrals will be prioritized and therapy goals developed according to clinical need and program eligibility.