



# School Therapy Services

## SLP Referral Form

### Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ School Board: \_\_\_\_\_

Resource Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

**Background Information** (diagnoses, allergies, attendance, classroom participation, social interactions and impact of SLP difficulty, etc.):

See attached report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clinical Observations/Assessment** (any special communication or behavioural needs, motivation, attention, memory, hearing, language, equipment, etc)

See attached report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any other services involved and attach reports regarding any specialized testing completed:**

See attached report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
School Board/PSL

\_\_\_\_\_  
Referring SLP/Resource Teacher (Print)\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*Resource Teacher may refer and sign for L1 needs only Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

School principal or designate has agreed to this referral. (Must be checked)

Family, Legal Guardian, student has agreed to this referral. (Must be checked)

(Not required for referral from PSL)

\*Specify needs and reason for referral on back of page using Program Criteria and Severity Level Definitions for SLP, 2011.

**1.  Articulation/Phonology**

Level of Severity in single words:

- Occasional sound errors or up to 2 sound errors **according to development expectations (Not eligible)**
- 3 – 5 sound errors **according to developmental expectations** OR Less than 3 sound errors, with concomitant factors (e.g. poor volume control, oral musculature difficulties, increased rate) (Level 3 eligible)
- 6 or more sound errors **according to developmental expectations** (Level 2 eligible)  
Also, check all that apply:
  - Speech production more unintelligible than be expected based on results of single word articulation tests
  - Motor Speech/Dyspraxia/Dysarthria (Level 2 Motor Planning Model eligible; see CCAC “SLP Service Delivery Model for Articulation” for definition)

Additional Details including list of assessed single sound errors:  See attached report:

\_\_\_\_\_

\_\_\_\_\_

**2.  Fluency**

Level of Severity

- 3%-10% frequency of stuttering events. Words stuttered are fleeting, absent or barely visible to casual observer. **(Not eligible)**
- 11% - 25% frequency of stuttering events. Words stuttered are noticeable, with a duration of half a second or more. (Level 3 eligible)
- >25% frequency of stuttering events. Words stuttered are distracting, with a duration of 3 or more seconds. (Level 2 eligible)

Additional Details:  See attached report \_\_\_\_\_

\_\_\_\_\_

**3.  Voice/Resonance**

**Post-Surgical SLP Needs**

Parents directed to contact physician for  ENT assessment  cleft palate team Date \_\_\_\_\_

Level of Severity of Impact on Daily Communication:  Mild  Moderate  Severe

Additional Details:  See attached report: \_\_\_\_\_

\_\_\_\_\_

**4.  Swallowing and Feeding (do not refer for overstuffing of the mouth)**

Past Assessment: \_\_\_\_\_  Unknown

Past Treatment: \_\_\_\_\_  Unknown

Additional Details:  See attached report: \_\_\_\_\_

\_\_\_\_\_

**5.  Non Speech/Augmentative Communication (AC)**

AC needed to express basic needs  Referral to ACS initiated  Involved with ACS

Type of System Used: \_\_\_\_\_

Additional Details:  See attached report: \_\_\_\_\_

\_\_\_\_\_

Copy to school Principal (to share with school team and file in OSR).