

NORTHEAST EDUCATIONAL SERVICES COOPERATIVE

Referral for Speech and Language Services

Student _____ DOB _____ Age _____ Grade _____ Referral Date _____
Parents _____ Phone # _____ Teacher _____
Referring Person/Title _____ Administrator's Signature _____

Please mark the area(s) of speech or language concern.

HEARING/LISTENING

- Does not look when called Difficulty locating source of sound Auditory Memory
 Needs questions/directions repeated Following oral directions

ARTICULATION

- Sound errors _____ Omits sounds or syllables Unintelligible

SYNTAX

- Omits articles (a, an, the) Omits helping verbs (is, are, was) Omits verb endings (ed, ing, s)
 Omits plural and possessive 's' Pronoun errors Incomplete sentences
 Sentence structure Irregular plural nouns Irregular past tense verbs

SEMANTICS

- Expressive vocabulary Inferencing Word recall
 Receptive vocabulary Answering WH questions Category words
 Anonyms/synonyms Analogies Nonverbal

PRAGMATICS

- Avoids eye contact Off Topic Sequence events
 Talks repetitively about one topic Greetings (hello/goodbye) Interrupts conversations
 Nonliteral language/idioms/slang Prefers to be alone/not in group Difficulty with humor/sarcasm
 Literal use of language Difficulty with gestures/body language Unusual or odd use of language

FLUENCY

- Repeats beginning of word (p-p-party) Repeats whole words (the party, party, party) Repeats phrase (the party, the party)
 Uses interjections (the party is uh-uh-uh fun)

VOICE

- Sounds hoarse, harsh, breathy Hypernasal (talk through nose) Hyponasal (sounds like a cold)
 Voice fades in and out/intermittent Too loud or too quiet

Medical concerns (e.g. Medical condition? Medications?)

Vision _____
Hearing _____

Please include any other specific information, include how the student's speech or language difficulty is negatively affecting educational performance in school.

