



SPEECH AND LANGUAGE PATHOLOGY REFERRAL

Today's Date:

Child's Full Name:

Child's Birthdate:

Legal Guardian Name(s):

Phone Number(s):

Address:

Referral Source:

DEVELOPMENTAL HISTORY

Languages they are learning:

Language they are stronger with:

Previous Diagnosis (eg. ADHD, Autism, Language delay, other):

Please include any other relevant information:

REASON FOR REFERRAL:

Articulation, Speech Clarity:

- Substitutes one sound for another, omits or distorts sounds
- Is difficult to understand

Stuttering:

- Repeats sounds or words more than peers
- Appears to get stuck or have other difficulty getting words out
- Avoids speaking because he/she is bothered by his/her speech

Voice:

- Voice quality is unpleasant or unusual (i.e. monotonous, hoarse)
- Too soft/loud or high/low pitched

Listening & Understanding:

- Has trouble following spoken directions
- Has difficulty understanding questions
- Has trouble understanding new ideas and/or identifying the main idea in a story
- Has trouble understanding of concepts (eg. right, left, front, back, first, last, etc.)

Speaking & Using language:

- Uses a limited vocabulary
- Talks in short, choppy sentences
- Incorrectly uses pronouns, verb tenses, and/or plurals



- Has trouble answering questions
- Has trouble describing things or expanding answers/providing details

Word Retrieval:

- Frequently uses non-specific terms (eg. “stuff”, “thing”)
- Has problems remembering/retrieving verbal sequences (eg. days of the week, alphabet)

Sound Awareness/Reading:

- Doesn't discriminate rhyming words
- Doesn't easily recognize words that begin with the same sound
- Demonstrates problems learning letter/sound correspondences
- Demonstrates difficulty sounding out words
- Has trouble understanding and/or explaining what he or she has read

Writing:

- Has difficulty with punctuation, capitalization, and/or spelling
- Has trouble writing complete sentences

Pragmatics/Social:

- Has trouble looking at people when talking or listening
- Has trouble understanding facial expressions, gestures, or body language
- Has difficulty with the rules of conversation (turn-taking, staying on topic, indicating when he/she does not understand)

Orofacial Myofunction:

- Non-nutritive oral habits, eg. Thumb sucking, chewing on clothes
- Open mouth breather
- Tethered Oral Tissue, eg. 'tongue tie'

Hearing:

- History of Ear Infections: if so, at what age and how frequently?
- Any known Hearing Loss?
- Often asks for repetitions, “what?”, and seems to not hear everything

Please note that where possible, a Hearing Screening is completed as a part of Speech-language Pathology Assessments.

Other:

- Chewing, Swallowing Concerns
- Feeding Concerns, such as very picky eater

Adapted from: Hugh Catts, University of Kansas, Language, Speech, and Hearing Services in Schools (1997), and the CELF-4 Observational Rating Scale

Please add any information you would like to share, and feel is relevant to the child's communication skills development:

Once complete, return this form to Olepeka SLP Services by creating an account through the booking link for a secure platform for document sharing.