

**INSTRUCTIONS:** This form is used by speech-language pathologists screening students Pre-K through Grade 12. This may be an initial contact or a recheck of a previous screening. (A student may not be identified as disabled on the basis of screening data.) Permission for screening must be obtained from the parent/guardian. A copy is placed in the confidential folder.

Student's Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
*Last First MI*

Parent/Guardian \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Chronological Age \_\_\_\_ Grade \_\_\_\_

Current School \_\_\_\_\_ Home School \_\_\_\_\_ Prim. Language \_\_\_\_\_

Classroom/Homeroom Teacher \_\_\_\_\_ Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Form completed by \_\_\_\_\_ Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Name Position Date*

**PART I – Referral**

- A. Reason for referral: This screening is for ☐ Suspicion of disability ☐ Other (specify) \_\_\_\_\_
- B. Student is receiving special services: ☐ Yes ☐ No If yes, specify services \_\_\_\_\_
- C. Student has received speech-language assessment/therapy: ☐ Yes ☐ No  
If yes, specify source(s) and date(s) \_\_\_\_\_
- D. Hearing status \_\_\_\_\_ Source \_\_\_\_\_ Date \_\_\_\_\_

**PART II – Summary of Findings**

- |   |  |
|---|--|
| <p>A. Observations</p> <p>1. Articulation (check one for each)</p> <p>a) Intelligibility: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor</p> <p>b) Sound Productions: <input type="checkbox"/> no errors <input type="checkbox"/> errors within normal limits<br/><input type="checkbox"/> errors inappropriate for age</p> <p>c) Oral Motor Functioning: <input type="checkbox"/> normal <input type="checkbox"/> suspect</p> <p>2. Language (check one for each)</p> <p>a) Receptive: <input type="checkbox"/> within normal limits <input type="checkbox"/> inappropriate for age</p> <p>b) Expressive: <input type="checkbox"/> within normal limits <input type="checkbox"/> inappropriate for age</p> <p>3. Fluency (check all that apply)</p> <p><input type="checkbox"/> within normal limits <input type="checkbox"/> repetitions <input type="checkbox"/> prolongations</p> <p><input type="checkbox"/> hesitations <input type="checkbox"/> secondary behaviors</p> <p><input type="checkbox"/> Other (explain in <i>Comments Section</i>)</p> <p>4. Voice: <input type="checkbox"/> within normal limits <input type="checkbox"/> inappropriate for age<br/><input type="checkbox"/> quality <input type="checkbox"/> pitch <input type="checkbox"/> intensity</p> | <p>B. Impressions (check all that apply)</p> <p>1. <input type="checkbox"/> Appears to be within normal limits for age</p> <p>2. <input type="checkbox"/> Possible disorder or delay</p> <p>3. <input type="checkbox"/> Difference may be related to other factor(s)<br/>(explain in <i>Comments Section</i>)</p> <p>4. <input type="checkbox"/> Unable to make a judgement<br/>(explain in <i>Comments Section</i>)</p> <p>C. Recommendations from initial screening (check all that apply)</p> <p>1. <input type="checkbox"/> No follow-up necessary</p> <p>2. <input type="checkbox"/> Further speech-language assessment recommended:<br/>_____<br/>_____<br/>_____</p> <p>3. <input type="checkbox"/> Other _____<br/>_____<br/>_____<br/>_____</p> |
|---|--|

D. Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature, Speech-Language Pathologist*

\_\_\_\_\_  
*Date*

## INSTRUCTIONS FOR COMPLETING ITEMS

### Identifying Information

List Home School only if different from Current School.

### Part I: Referral

- A. **Reason:** check Suspicion of disability, or Other. (e.g., parent/doctor request, related service, or recheck)
- B. **Current special services:** refers to any special programming other than speech and language that student is now receiving. (e.g., reading, elementary resource, counseling)
- C. **Previous speech-language assessments and therapy:** complete if known. Source refers to agency evaluating or providing service: MCPS, DESC, etc.
- D. **Hearing status:** indicate normal or known problem.  
**Source:** indicate file review, parent, PHN, etc.

### Part II: Summary of Findings

- A. **Observations:** complete each item using a check to indicate observation. A question mark shows further information is needed to make a judgment in that area.
- B. **Impressions:** difference related to other factor(s) would include dialect, bilingual, dental, etc. *Specify in Comments.*
- C. **Recommendations:** any formal or informal screening protocols used should be attached to the copy of this form and retained by the speech-language pathologist. More than one recommendation may be checked. "Other" may refer to file review, classroom observation, consultation with staff, etc.