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**School Based Rehabilitation Speech-Language (SLP) Screen**

School-Based Rehabilitation Services (SBRS) accepts referrals for students in Junior Kindergarten through secondary school graduation. SBRS speech therapy provides assessment and direct or consultative treatment at school to students with articulation, voice and stuttering disorders.

**This screen does NOT need to be completed if an SLP assessment has been completed within the past year** – please attach assessment/progress reports to the SBRS Referral Form and submit. If a recent SLP assessment is not available and you are submitting this screening form, please upload any previous relevant reports and attach to the SBRS Referral Form.

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DD/MM/YEAR**

**Grade (JK-grade 12):** \_\_\_\_\_\_

**SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classroom Teacher/SERT/LRT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Board:**

RRDSB ❑ KPDSB ❑ KCDSB ❑ TNCDSB ❑ CSDCAB ❑

**Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Designation)

**Date Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DD/MM/YEAR**

**Referral Source:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical diagnosis if any:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prior assessment information** (Please attach most recent speech and language assessment if completed)

**SCREENING INFORMATION:**

**Speech production** - please list the student's sound errors noted or give examples of errors in words.

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**Clarity of speech**

No concerns with speech ❑

People cannot understand the child about 25% of the time ❑

People cannot understand the child about 50% of the time ❑

Most of the time, people are unable to understand the child (75-100% of the time) ❑

**Voice**

Normal ❑

Nasal sounding speech ❑

Hoarse voice ❑

Abnormal pitch/volume ❑

**Stuttering**

No concerns with stuttering ❑

The child stutters about 25% of the time ❑

The child stutters often (50% of the time) ❑

The child stutters almost always stutters (75-100% of the time) ❑

**Types of stuttering (skip question if no concerns with stuttering exist)**

Repeating **parts of words or whole** words (e.g. I-I-I, is-is-is-is, ta-ta-table) ❑

Repeating of sounds (e.g. p-p-pig, t-t-t-time) ❑

Hesitations/pauses (e.g. I want to-----go for a walk) ❑

Prolongations (e.g. sssave, looooong) ❑

Secondary behaviors such as grimacing, eye blinks, head movements and/or muscle tension ❑

Is the student frustrated/worried about the difficulties noted above? Yes ❑ No ❑

Other (Please provide any other information you feel is important to share regarding this referral):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a completed copy of the SBRS referral form to this speech therapy screen and submit to FIREFLY by e-fax at 1-866-470-1783.**Referral forms can be found at <http://www.fireflynw.ca/access-to-services>.