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**SPEECH REFERRAL FORM**  
**(Speech Assessment Only)**

**IMPORTANT:** Please complete all personal information (address, postal code. etc.)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Parents/Guardians:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Telephone (home):** \_\_\_\_\_ **Teacher:** \_\_\_\_\_  
**Mother's Work #:** \_\_\_\_\_  
**Mother's Cell #:** \_\_\_\_\_

\*\*\*\*\*

Please check the areas in which the student has difficulty:

**Articulation**

- a. Can understand him/her:
 

<input type="checkbox"/> very seldom	<input type="checkbox"/> sometimes
<input type="checkbox"/> most of the time	<input type="checkbox"/> uses "baby talk"
  
- b. Sounds that appear to be in error (please circle):
 

S - Z	R	K - G
CH - J	L	T - D
SH	TH	F - V
All Sounds		

c. Other: \_\_\_\_\_

**NOTE: Signed Parental Consent Form must accompany this referral form.**

\*\* Formal language testing will not be completed for this referral unless requested by school staff and/or parents.

\_\_\_\_\_  
 Referral Source

\_\_\_\_\_  
 Date