



Educator Referral Form for Speech Therapy

Child's Name: _____ Grade: _____ Date of Referral: _____

Date of Birth: _____ School: _____

Teacher Name: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Main Concerns for Referral: _____

OPTIONAL: Is there anything else you feel we should know about the child or the family? _____

Dear Educator,

Below is a *short, two-step process* that will allow you to collect data about your student if you feel they have *difficulty with communication*. This data is to be used for the *referral process*. We hope that the issues can be corrected in the classroom. However, if the issues seem to be *persisting and/or interfering academically or at home*, we are happy to request an evaluation.

Thank you so much for your time and diligence in completing this form!

Speech and Language Concerns

STEP ONE: (7 minutes)

A. Is the child's HEARING okay? (please check with the nurse)

Date tested: _____ Outcome: GOOD HEARING

HEARING LOSS

B. Is more than one language spoken in the home?

YES

NO

Language: _____

C. Do parents have difficulty understanding their child?

Date interviewed: _____

Parent response: _____

D. Please describe your concern (educator response): _____

STEP TWO: (11 minutes)

Which of the following applies to the child?

I cannot understand the words that the child uses.

If selected, have the child repeat the words from the *Sound Chart* (page 3) and check off the total number of errors (page 4).

The child does not speak enough, is confusing when they speak, or cannot understand me when I speak.

If selected, please write examples of what the child says on the Language Information section (page 5).

English Sound Chart

1. Ask the child to repeat these words.
2. CHECK next to correct words. (ex: pot)
3. CROSS OUT incorrect words & write what the child said. (ex: ~~rat~~ wat)

SOUND	AGE	WORD TARGET
p	2+	pot _____, apple _____, cup _____
b	2+	bone _____, rabbit _____, rub _____
m	2+	mad _____, hammer _____, home _____
n	2+	no _____, honey _____, fan _____
h/w	2+/3+	hat _____, wet _____
d	3+	dish _____, ladder _____, hide _____
t	3+	toy _____, water _____, bat _____
k	3+	kite _____, monkey _____, book _____
g	3+	goat _____, yogurt _____, hug _____
ng	4+	blanket _____, swing _____
f	4+	father _____, muffin _____, giraffe _____
v	5+	vacuum _____, shovel _____, stove _____
y	5+	yogurt _____, yoyo _____
ch	5+	cheese _____, ketchup _____, watch _____
j	5+	jam _____, pajamas _____, orange _____
l	5+	light _____, balloon _____, hole _____
sh	5+	shovel _____, dishes _____, brush _____
s	5+	sun _____, baseball _____, grass _____
z	6+	zebra _____, scissors _____, nose _____
r	6+	rope _____, berry _____, feather _____
s blends	6+	star _____, skunk _____, spoon _____, swing _____, slide _____, snake _____, smooth _____
l blends	6+	blanket _____, flag _____, glue _____, clock _____, plane _____, slip* _____
r blends	6+	brush _____, dress _____, frog _____, green _____, cry _____, train _____, prize _____
th	7+	thumb _____, feather _____, toothbrush _____, teeth _____

*Do not count in total # errors if error was already counted in s-blends for "slide."

English Sounds Age Approximation based on total # of errors

_____ Total number of errors

- | | |
|--|---|
| <input type="checkbox"/> > 45 errors (under 2 yrs old) | <input type="checkbox"/> 3 – 10 errors (around 5 yrs old) |
| <input type="checkbox"/> 31 – 45 errors (around 2 yrs old) | <input type="checkbox"/> 2 errors (around 6 yrs old) |
| <input type="checkbox"/> 17 – 30 errors (around 3 yrs old) | <input type="checkbox"/> 1 error (around 7 yrs old) |
| <input type="checkbox"/> 11 – 16 errors (around 4 yrs old) | <input type="checkbox"/> 0 errors around 8 yrs old) |

**Check the box that corresponds with the total number of errors to get an appropriate developmental age for speech pronunciation.

