



**SCHOOL-BASED REHABILITATION SERVICES
SPEECH-LANGUAGE PATHOLOGIST REFERRAL**

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.800.976.JMCC (5622)
F: 519.252.5873
www.jmccentre.ca

PARENT/GUARDIAN HAS AGREED TO THIS REFERRAL

RE-REFERRAL

STUDENT INFORMATION

Name: _____ Date of Birth: _____
(Month/Day/Year)

School: _____ School Board: _____

Hearing: WNL History of Ear Infections Recent Hearing Test, Date: _____

Language Development: WNL Delayed/Disordered Not Assessed

List all diagnoses, conditions and other factors that may be expected to impact Speech Language therapy:

Reports Attached:

REASON FOR REFERRAL (Select all that apply and provide additional information)

VOICE

Referral to Ear/Nose/Throat physician: Yes No Date: _____
(ENT assessment is required prior to onset of therapy)

Voice Quality WNL Difficulties

Pitch/Intonation WNL Difficulties

Volume WNL Difficulties

History of Vocal Abuse: Yes No Vocal Nodules: Yes No

RESONANCE

Hypernasal Hyponasal Mixed Nasality

Nasal Air Emission Generalized Phoneme/Sound Specific

Involved with Cleft Lip/Palate Clinic/VPI Clinic: Yes No

FLUENCY

Mild Moderate Severe

Dysfluencies Observed/Reported: repetition prolongation blocking filler

Secondary behaviours observed: eye tension facial grimace lip pressing nostril flare

jaw jerk extra head/body movements noisy or dysrhythmic breathing

Comment on impact on student:



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STUDENT NAME: _____

SCHOOL: _____

- ARTICULATION AND PHONOLOGY**
- Mild (not eligible) Moderate (not eligible) Severe
- 1-2 sound errors • 4-6 sound errors • 7 or more sound errors
 - Intelligible most of the time • Intelligible 50-80% of the time • Intelligible less than 50% of the time
- Speech production more unintelligible than would be expected based on results of single word articulation tests

Check all that apply:

- fronting backing stopping cluster reduction deaffrication
- final consonant deletion initial consonant deletion omissions distortions

Provide examples:

**Check the motor speech components and distinctive speech production characteristics that apply:
(3 or more meet criteria)**

- limited vowel repertoire limited syllable/word shapes
- limited consonant repertoire/consonant distortions inconsistent productions
- difficulties with jaw and lip movements groping
- persistent early developing or atypical phonological processes atypical speech quality
- increased errors as phonemic sequence increases atypical speech prosody

Provide examples:

- NON-VERBAL COMMUNICATION** (with potential to move towards a prescription with an IA or ACC)
- uses Augmentative Communication involved with JMCC ACC referral with ACC initiated

Type of system used:

Describe language functions: request comment protest greeting recurrence
 questions

What supports are used: modeling waiting verbal prompts

Who are they using the system with: teacher peers aides/assistants family

Comments:

REFERRING SLP:

Name: _____ Date: _____ Signature: _____

School Board/Agency: _____ Phone: _____ Ext. _____

CC: School Principal/OSR School SLP