



**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)

- 1-2 sound errors
- Intelligible most of the time

Moderate (not eligible)

- 4-6 sound errors
- Intelligible 50-80% of the time

Severe

- 7 or more sound errors
- 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