



SPEECH/LANGUAGE SCREENING REQUEST

Newaygo County RESA
Neway Center
585 Fremont Avenue
Newaygo, MI 49337
PH: 231-652-1638
FAX: 231-652-3346

Date of Request:

1. STUDENT INFORMATION					
Student:		Birthdate:		Grade:	
Address:		City/State/Zip:			
Parent/Guardian:		Phone:			
Building:		Referring Teacher:			
Days Attending:	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F				
Parent Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person				
Current Student Services:					

2. AREA(S) OF CONCERN <i>(Please check all that apply)</i>	
<input type="checkbox"/>	Articulation: omissions, substitutions, or distortions of sound persisting beyond the age which maturation alone might be expected to correct the deviation.
<input type="checkbox"/>	Voice: inappropriate pitch, loudness, or voice quality.
<input type="checkbox"/>	Fluency: an abnormal rate of speaking, speech interruptions, and repetitions of sounds, words, phrases, or sentences that interferes with effective communication.
<input type="checkbox"/>	Language: the ability to understand/use language effectively and that includes 1 or more of the following: phonology, morphology, syntax, semantics, pragmatics.
<input type="checkbox"/>	Oral Motor/Feeding: weakness of oral structures used for speaking or eating.

3. ADDITIONAL COMMENTS <i>Please give a description of the child's speech or provide examples of specific errors or concerns (e.g., has difficulty following simple verbal directions, can not produce /s/, /r/, /k/, /g/, etc., uses incorrect pronouns, uses incomplete sentences)</i>	

4. SPEECH/LANGUAGE SCREENING RESULTS	
<input type="checkbox"/>	A Speech/Language Evaluation is recommended at this time.
<input type="checkbox"/>	Student will be re-screened at a later date.
<input type="checkbox"/>	A Speech/Language Evaluation is not recommended at this time.

5. THERAPIST SIGNATURE	
Speech-Language Therapist	Date

See Other Side For Additional Screening Information

6. SPEECH/LANGUAGE SCREEN* <i>(Circle sounds produced in error)</i>	
Sound	Age Normally Developed
p, b, m, w, h, n, d, k	3 - 3 ½ yrs.
t, g	4 - 4 ½ yrs.
f, v, y, th, ch	5 - 5 ½ yrs.
sh, zh, j	6 - 7 ½ yrs.
th, l, r, s, z, -ng l, r, s blends	8 - 9 yrs.
*Information taken from Michigan Guidelines for Speech Services	

7. LANGUAGE SAMPLE	

8. THERAPIST COMMENTS	