

ARTICULATION/LANGUAGE/VOICE/FLUENCY REFERRAL FORM

If you are concerned that a student may have an articulation, language, voice or fluency problem, please complete this form. Remember to notify the student's parent regarding your concern BEFORE submitting this form to the speech-language pathologist (SLP).

Referring Teacher: _____

Grade: _____ Room #: _____

Student: _____ Date of Birth: _____

School: _____ Date of Referral: _____ Parent Notified: YES _____

Please check area(s) of concern:

Age when sound should be mastered with 90% accuracy:

Sounds:

3, 4, 5 years

b, d, f, g, h, k, m, n, p, w, y

6 years

l, ng, t

7 years

ch, r, s, z, sh, v, th (voiceless)

8 years

j, zh, th (voiced), vowelized r

9 years

all sounds acquired

____ Articulation: May omit, substitute or distort certain speech sounds

____ Voice: May be hoarse, breathy, nasal. May talk too loudly or too softly.

____ Fluency: May stutter, repeat words, hesitate or prolong words.

____ Language: May have difficulty with grammar, auditory memory, auditory discrimination, language processing, and pragmatics. Appears to function significantly below age level. Describe examples when noted and intervention techniques employed to address the area of concern(s):

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