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SHERIDAN SCHOOL DISTRICT

Office of Special Programs
Department of Special Education
Speech and Language Referral Form: Information from General

Student: _____ Sex: Gender Age: _____ DOB: _____

ID#: _____ School: _____ Class/Subject: _____ Grade: Grade

Referred by: _____ Position: _____

Current Classroom Performance

1. Is the Student's progress Satisfactory? ☐ Yes ☐ No

2. Area(s) of concern: ☐ Academic ☐ Behavior ☐ Medical ☐ Speech/Language

3. Explanation of concern(s):

4. Describe this student's speech/language skills: (check all that apply)

☐ Mispronounces Words	☐ Uses Gestures to express self	☐ Speech Dysfluency (prolongations)
☐ Misarticulates sounds in words	☐ Gropes for words to express self	☐ Speech Dysfluency (blocks)
☐ Omits/Adds/Substitutes sounds or words	☐ Misses nonverbal social cues	☐ Hoarse or harsh voice quality
☐ Distorts, rearranges sounds	☐ Doesn't understand humor	☐ Speaks in louder than normal voice
☐ Difficulty imitating speech sounds	☐ Makes inappropriate comments	☐ Speaks in softer than normal voice
☐ Connected speech is unintelligible	☐ Speech Dysfluency (repetitions)	☐ Physician referral/vocal nodules

Other: _____

Interventions/Strategies Attempted

Place letters corresponding to subject area

Subject Areas: **A** – Reading **B** – Mathematics **C** – English/Language Arts **D** – Science **F** – History **G** – Electives
H – All Subject areas **I** – Other

Instructional Accommodations	Alterations of Assignments	Adaptation of Materials
_____ Tutorials	_____ Simplified Homework Assignments	_____ Peer to read material
_____ Shortened, simplified instructions	_____ Reduced length of assignments	_____ Peer to take notes
_____ Repeat instructions	_____ Use of computer for written work	_____ Study aids/manipulatives
_____ Written instruction	_____ Extra time to complete assignments	_____ Highlighted materials
_____ Visual aids	_____ Opportunity for oral response	_____ Altered format of materials
_____ Auditory aids	_____ Individual Contracts	_____ Outlines and study guides
_____ Modified format of exams	_____ Emphasis on major points	_____ Assignment sheets/notebook
_____ Minimize distractions	_____ Exemption from reading aloud	
_____ Computer aided instruction	_____ Special Projects	
_____ Small Group instruction	_____ Retest	
_____ Cooperative Learning	_____ Special arrangements/late assignments	
_____ Prompting (in class discussion)		

Other Intervention/Strategies Attempted (check all that apply)

Motivational Management

- ☐ Written Behavior Management plan/contracts
- ☐ Clearly defined limits
- ☐ Private discussion regarding behavior
- ☐ Frequent eye contact
- ☐ Preferential seating
- ☐ Opportunity to help teacher
- ☐ Ignoring minor infractions
- ☐ Positive reinforcement
- ☐ Emphasis on student's special talents
- ☐ Secret signal between teacher and student
- ☐ Structured learning environment
- ☐ Frequent Breaks
- ☐ Modified types of oral response expected
- ☐ Modified length of oral responses expected
- ☐ Increased wait time for oral responses
- ☐ Refined/retaught questionable vocabulary and concepts

Additional Comments:

Teacher's Signature: _____ Date: _____

Please attach the following to this completed form and return to student's Assistant Principal.

- ☐ Current Grades
- ☐ Report Card grades from the past two years (if available)
- ☐ Results of State AND District Testing (if available)
- ☐ Progress Monitoring Data
- ☐ Language Rating Scale
- ☐ Behavior Rating Scale
- ☐ Any additional information you feel may be helpful in meeting this student's needs