



# SCHOOL BASED REHABILITATION SERVICES (SBRS)

## Speech Language Pathology Additional Referral Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Class/Grade \_\_\_\_\_ Languages Spoken \_\_\_\_\_

**Reason for Referral:**

- Feeding/Swallowing (Note: Joint assessment with OT required) – ASAP consult because of safety concerns at school
- Recent palatal reconstructive or pharyngeal flap surgery (i.e., less than 6 months ago) requiring ASAP evaluation

Cleft Palate	Involved with Cleft Palate Team / VPI Team <input type="checkbox"/> Yes <input type="checkbox"/> No
	Which Team (if available):

Speech Sound Disorder - Articulation/Phonology/Motor Speech/Apraxia of Speech/Dysarthria

(i) Level of intelligibility in school/classroom setting based on teacher’s estimate:

- More Than 70% of time  Between 50%-69% of time
- Less than 50% of the time

(ii) Stimulability for sounds in error:

Estimated number of sounds/patterns stimuable for with verbal and visual cues from an adult is...

- 3+ sounds  1-2 sounds  0-1 sound

(iii) Sounds in error:

- 7 or more sound errors
- 4 - 6 sound errors
- Lateral distortion /lisp – any age

- “r” sounds only - must be age **7 and older**
- Interdental/frontal Lisp – must be age **7 and older**

(iv) Phonological Processes/ Articulation Errors (Specify Errors)

- Fronting (velar or palatal) \_\_\_\_\_  Cluster Reduction \_\_\_\_\_
- Backing \_\_\_\_\_  Deaffrication \_\_\_\_\_
- Stopping \_\_\_\_\_  Gliding \_\_\_\_\_
- Vowel Distortion \_\_\_\_\_  Final Consonant Deletion \_\_\_\_\_
- Weak Syllable Deletion \_\_\_\_\_  Initial Consonant Deletion \_\_\_\_\_
- Omissions \_\_\_\_\_
- Distortions \_\_\_\_\_
- Substitution \_\_\_\_\_
- Other \_\_\_\_\_

(v) Motor Speech Function:

- Limited vowel repertoire and/or distortions
- Limited consonant repertoire and/or distortions
- Limited syllable/word shapes (i.e., consonant-vowel combinations)
- Difficulties with control of jaw, lips, and/or tongue
- Increase in errors and decrease in clarity as linguistic complexity increases
- Inconsistent productions over multiple repetitions of same sound, word, or phrase
- Atypical prosody
- Atypical quality of speech (i.e., pitch, loudness, nasality)
- Groping for placement of articulators to initiate sounds, syllables, or words

Describe: (e.g., jaw grading and/or lateralization, lip rounding/retraction, fixing at corners of mouth, tongue control)

- Fluency  
 Mild  Moderate  Severe

FLUENCY:

Age of Onset:

Describe:

Secondary Characteristics	
Impact on student's self-esteem/participation in school	

- Voice – Must be accompanied by an ENT Report completed within last 6 months and enclosed with the referral  
 Mild  Moderate  Severe

Voice Quality		Pitch	
Intonation		Volume	
History of Vocal Abuse		<input type="checkbox"/> Yes <input type="checkbox"/> No	Vocal Nodules <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery			
Parents have a copy of ENT Report		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(must be disclosed by parent to qualify for voice services. If you cannot provide: Intake from SBRS services will follow up to request ENT report from parent)</i>	

- Resonance: Please attach any applicable reports

- Hypernasal  Hyponasal  Nasal Air Emission

**Therapy Readiness Skills:**

**The student is required to have the following therapy readiness skills listed below before an SBRS referral can proceed.** Please determine if the student is ready for SBRS intervention now, or if they would benefit from being referred later if/when their readiness skills have emerged.

Behavioural Readiness

- The student can sit and attend for the length of time needed for intervention to be effective (25-30 min)
- The student can imitate speech sounds/movements with mouth.
- The student can follow an adult’s agenda, not their own, and transition out of the classroom easily.

Language Readiness

The student has the language skills to support the recommended intervention, including:

- Receptive language skills strong enough to support understanding of simple directions, cueing, and feedback.
- Enough expressive vocabulary to support speech intervention (i.e., at least 50 words or word approximations)
- Understanding that communication is a two-way street and can take turns with an adult.

**If communication and basic language is the priority area of need (i.e., see language readiness skills), a referral for SBRS should be deferred until they are further developed.**

<b>Background Information</b>			
<b>Hearing:</b> Comments	<input type="checkbox"/> History of Ear Infections	<input type="checkbox"/> Recent Hearing Test	<input type="checkbox"/> Not Known
<b>Language Development:</b>	<input type="checkbox"/> Delayed/Disordered	<input type="checkbox"/> Within Normal Limits (WNL)	<input type="checkbox"/> Not Assessed
<b>Is the child/youth receiving treatment for language issues from the School Board SLP?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, what kind of intervention is the student receiving?</b>			
<b>Has the school board completed a language assessment, and is a report available?</b> Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Has the child/youth received SLP Assessment/Therapy in the past?**  Yes  No  Info not available.

AGENCY	NAME OF THERAPIST	APPROXIMATE DATES

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

<input type="checkbox"/> Uses Augmentative Communication	
<input type="checkbox"/> Involved with Augmentative Team	

**Any teacher comments or pertinent information pertaining to this referral:**

**School Board** \_\_\_\_\_  
**SLP Name** \_\_\_\_\_ **SLP Signature** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_ **Date** \_\_\_\_\_