What do you do when you have concerns about a student’s communication skills...

- Complete the Speech and Language Packet and the Parent Permission for Consultation form. The packet and permission form is obtained through the campus RTI coordinator OR Campus Speech Pathologist and/or SLP-Assistant.
- Submit the completed packet to the campus Speech Pathologist and/or SLP-Assistant.
- The campus SLP and/or SLP-Assistant will review the forms and complete the screening.
- The campus SLP will provide teacher and parent with written summary of recommendations. The recommendations will also be uploaded to Eduphoria under “forms”.
- IF further testing is recommended, then Parent, Teacher, and Health Information will need to be obtained prior to giving Notice of an Evaluation and gaining Consent for Testing.
Dear Parent/Guardian,

Based on my observation, I would like to request our campus speech pathologist, (SLP) conduct a screening of your child’s speech and language skills. The information in this packet will be shared with the school’s SLP to develop a plan for classroom interventions or need for a formal speech and language assessment. You will be contacted after the screening by the campus SLP to discuss findings and recommendations.

Please complete the following forms and return to:

Classroom Teacher: ________________________________
Dear Parent/Guardian,

I have noticed some concerns about your child’s speech including:

________________________________________________________________________

Have you noticed any speech concerns at home? If so, please indicate.

________________________________________________________________________

Have you noticed any academic impact from the articulation delay?

___ Spelling/Writing errors

___ Reluctance to participate verbally due to fear of errors.

___ Reduced confidence in oral reading or speaking in whole group or small group.

___ Your child is often misunderstood during oral reading or speaking.

Please specify any additional academic impacts:

________________________________________________________________________

Have you noticed any social/emotional impact from the articulation delay?

___ Your child’s misarticulations distract from the content of the message

___ Your child is aware of errors

___ Your child is embarrassed by errors

___ Your child is frustrated by errors

___ Peers tease him/her about speech

___ Errors draw negative and undue attention

___ Negative social stigma because child sounds less mature and less intelligent to peers

___ Your child is reluctant to participate

Please specify any additional social/emotional impacts:

________________________________________________________________________
TEACHER INPUT FORM FOR ARTICULATION CONCERNS

Student: __________________________ Date of Birth: __________________

Teacher: __________________________ Grade: __________

Date: __________________________

What is the specific educational impact of the articulation delay?

___ Spelling/Writing errors

___ Reluctance to participate verbally due to fear of errors

___ Reduced confidence in oral reading in whole group or small group

___ Student is often misunderstood during oral reading.

Please specify any additional academic impacts:

________________________________________________________________________

What is the social/emotional impact of the articulation delay?

___ Student misarticulations distract from the content of the message

___ Student is aware of errors

___ Student is embarrassed by errors

___ Student is frustrated by errors

___ Peers tease student about speech

___ Errors draw negative and undue attention to the student

___ Negative social stigma because child sounds less mature and less intelligent to peers

___ Student is reluctant to participate

Please specify any additional academic impacts:

________________________________________________________________________
Parent Information for Students with Language Concerns

Child: ____________________________ Date of Birth: ____________________

Person Completing the Form: _______________________________________

Date: _____________________________

Please describe your child’s skill level in each of the areas listed below by circling the appropriate number. 1 = No Problems Noted  2 = Minimal Problems Noted  3 = Significant Problems

<table>
<thead>
<tr>
<th>Activity</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met speech and language milestones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Produces speech sounds correctly in words</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses correct grammar/sentence structure when speaking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gains attention of parents/siblings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeks help or clarification when needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiates interactions with parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiates interactions with other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses facial expression and body language to communicate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds to greetings and interactions with others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Starts a conversation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes turns in conversation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes relevant comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks relevant questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Converse using complete thoughts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relates an event or story in sequence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TEACHER INFORMATION FOR STUDENTS WITH COMMUNICATION CONCERNS

STUDENT: __________________________ DATE OF BIRTH: ____________________

PERSON COMPLETING FORM: ____________________________________________

DATE: __________________________

Compared to other students in your class, does this student: 1 =
Rarely 2 = Sometimes 3 = Almost Always

Follow spoken directions? 1 2 3
Comprehend what is said to him/her? 1 2 3
Respond verbally within an appropriate time frame? 1 2 3
Comprehend material when listening to stories? 1 2 3
Understand non-literal language? 1 2 3
Respond appropriately to questions? 1 2 3
Ask questions using the correct form? 1 2 3
Stay on topic in a conversation? 1 2 3
Discuss the meanings of words? 1 2 3
Understand key points/ideas of a passage? 1 2 3
Understand inferences? 1 2 3
Retell the order of important events of a story? 1 2 3
Speak in complete sentences? 1 2 3
Use correct sentence structure? 1 2 3
Interact appropriately with peers? 1 2 3
Interact appropriately with adults? 1 2 3
PARENT – TEACHER INFORMATION FOR STUDENTS WITH STUTTERING CONCERNS

Student: ________________________________ Date of Birth: ______________________

Person Completing Form: ______________________________________________________

Date: ________________________________

Does the student stutter? Yes No

If NO, STOP here.

If YES, complete the remainder of this form

1. When did the child begin stuttering?

2. Check the stuttering behaviors you see exhibited by the student?

   ___ Repeating one sound or syllable 3 or more times, e.g. buh-buh-buh-buh-baby

   ___ Holding or stretching out a word, e.g. baaaaaby

   ___ Getting stuck on a word, e.g. What-what-what do you like?

   ___ Getting stuck without sound with lips, tongue, etc. in position, e.g. ------baby

   ___ Using fillers such as “uh” or “um” that add no meaning to the message, e.g. The baby um ate.

3. Check the physical or communicative behaviors you also see when the student exhibits any of these stuttering behaviors.

   ___ Looking away, blinking, closing eyes

   ___ Giving up on talking when stuck

   ___ Acting like he/she cannot think of what to say

   ___ Head, arm, or body movements

   ___ Muscles twitching or facial grimacing
PARENT–TEACHER CHECKLIST FOR VOICE DISORDERS

Student: ___________________________________ Date of Birth: ____________________
Person Completing Form: ________________________________________________________
Date: ____________________________

Please circle YES or NO for each of the following regarding the student’s voice.

VOICE QUALITY

<table>
<thead>
<tr>
<th>Description</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoarse</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Too loud</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Too soft</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Too nasal</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Too high-pitched</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Too low-pitched</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Additional comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Midland ISD
Permission to Screen for Speech and/or Language

Student: ____________________________ ID: __________ DOB: __________ Grade: __________

Campus: ____________________________ Teacher: __________________________

Area(s) of Concern:

________________________________________________________________

The following will be used as part of the screening:
( ) classroom observation ( ) information from teacher ( ) information from parent
( ) review of records ( ) informal observations/assessment ( ) other: __________________________

I give permission for my child, ____________________________, to be screened for speech and/or
language development.

________________________________________________________________

Parent Name (PRINT) __________________________ Date __________

________________________________________________________________

Parent Signature

Please provide best phone number to reach you during school hours: __________________________

COMMENTS or QUESTIONS:

________________________________________________________________

________________________________________________________________

________________________________________________________________

You will be informed of the results of the screening by the classroom teacher or Speech Pathologist. If
further assessment is needed a meeting will be scheduled in order to give notice and obtain consent. For
a student to qualify to receive speech therapy services in MISD they must meet special education
eligibility criteria as having a disability in the area of speech, and demonstrating a significant
educational need for specialized instruction in the area of speech.

Return to: ____________________________ Date received by SLP: __________________________