



# REQUEST FOR SPEECH THERAPIST SCREENING

Alpena-Montmorency-Alcona  
Educational Service District  
2118 US 23 South  
Alpena, MI 49707  
(989) 354-3101

### TO BE COMPLETED BY THE CLASSROOM TEACHER:

Name:	DOB:
Parent/Guardian:	Phone:
Address:	Grade:
Building:	Teacher:
Significant Health Problems:	
School Services Receiving:	

### AREA(S) OF CONCERN (Please check all that apply):

- Language**--the ability to understand/use language effectively and that includes 1 or more of the following: phonology, morphology, syntax, semantics, pragmatics.
- Articulation**—omissions, substitutions, or distortions of sound persisting beyond the age which maturation alone might be expected to correct the deviation.
- Fluency**—an abnormal rate of speaking, speech interruptions, and repetitions of sounds, words, phrases, or sentences that interferes with effective communication.
- Voice**—inappropriate pitch, loudness, or voice quality.

**ADDITIONAL COMMENTS:** (Please give a description of the child's speech or provide examples of specific errors or concerns e.g., has difficulty following simple verbal direction, history of hearing problems, cannot produce /s/, /r/, /k/, /g/, uses incorrect pronouns, uses incomplete sentences.)

Parent Concern?  Yes  No

Parent Permission to Screen?  Yes  No

Date Permission Given: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

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### RESULTS OF SCREENING:

DATE: \_\_\_\_\_

### RECOMMENDATIONS:

- No speech/language difficulties observed at this time.
- This child's speech and language skills are developmentally appropriate. A speech and language evaluation is not recommended at this time.
- It is recommended Teacher complete Special Education referral for speech and/or language evaluation.
- Other:

\_\_\_\_\_  
Speech Therapist