

# SLP SCHOOL-BASED REHABILITATION SERVICES EXTERNAL REFERRAL FORM



**Children's  
Treatment  
Centre**



**School-Based Rehabilitation Services**

## How to refer:

- Secure electronic upload (please see instructions on our website [www.quintectc.com](http://www.quintectc.com)) **or** Fax to: (613) 961-2517
- Please complete all fields and be sure to download/save the form to your computer/device to avoid submitting a blank form. If a blank or incomplete form is submitted using the secure upload method, there is no way to notify the sender.

**Questions?** Call: (613) 969-7400 ext. 2784

## Prior to submitting a referral, please ensure that the student:

- Demonstrates sufficient motivation, attention, behaviour, receptive language and cognitive ability to participate in a “table top” speech therapy session for a minimum of 30 minutes
- Is able to persist at both imitation and revision
- Has purposeful expressive language, is primarily a verbal communicator (exclusive of motor speech) and takes multiple conversational turns as both an initiator and responder
- Has receptive language skill that fall in the average to mildly delayed range (if not, the student has greater than mild receptive language delays and will require speech therapy activities/instruction to be carried out at a slower pace or has greater than mild receptive language delays but can follow along with speech therapy activities/instruction at a typical conversational pace
- Has a person identified who will commit to home practice

## CHILD INFORMATION

Student Name

Date of Birth *(dd-mmm-yyyy)*

School Name

School Board

School Contact

Grade

## REFERRAL DETAILS

Has the child had past referrals or service?  Yes  No

If Yes, describe:

Has the school board SLP provided intervention?  Yes  No

If Yes, describe:

Name of referring SLP (print):

Date: *(dd-mmm-yyyy)*

Phone number:

Extension:

Referring SLP Signature:

*(type name to sign electronically)*

# SLP SCHOOL-BASED REHABILITATION SERVICES EXTERNAL REFERRAL FORM

Student's Name:

DOB:

## REASON FOR REFERRAL

*(Check all areas of speech concern that apply; if referring for Voice or Resonance, the student must have been referred to or seen by an ENT. If child has seen ENT, please include copy of report)*

Level 1 Articulation/Phonology

Level 2 Articulation/Phonology

Level 1 Motor Speech

Level 2 Motor Speech

Fluency

Voice

Resonance (which limits normal communication and affects learning and social situations)

## HEARING

History of ear infections

Hearing within normal limits

Date of recent hearing test *(dd / mmm / yyyy)*

Hearing loss; *Specify:*

Hearing aids or implants; *Specify:*

## GENERAL COMMENTS

Oral Peripheral Examination/Structural concerns:

Other:

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## AREA OF SPEECH CONCERN

- Complete all sections you checked under reasons for referral and any section that the child demonstrates characteristics of
  - > e.g., If the child meets criteria for both motor speech and artic/phono, fill out both sections
  - > e.g., if you are referring for artic/phono and child has 2 motor speech criteria/indicators, fill out the motor speech determination criteria as well (but not the motor speech level criteria as the child doesn't meet eligibility for the motor speech category)

<b>ARTICULATION/PHONOLOGY DETERMINATION CRITERIA</b> <span style="float: right;"><input type="checkbox"/> N/A</span>
Minimum score of 4 or more is required for referral in this area Please fill out the following sections, starting at the child's age, and then all ages below (e.g., for a child who is 7 years old, please fill out all sections)
<ul style="list-style-type: none"> <li>• Scores listed in each row are the maximum available for that error, process, or combo of errors listed in each row</li> <li>• Please add a zero if error does not apply</li> </ul>

<b>AGE 7+</b>			
Category of Errors	Scoring	Child's Score	Stimulable (check if YES)
<i>Scoring = the total available points per "category of error"</i>			
Errors with 'r' (as singleton and/or within blends) in 2 or more word positions (e.g., gliding vowelization, or other substitution) Specify: <input style="width: 40%; border: 1px solid black;" type="text"/>	4 points	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
<b>TOTAL</b>		<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
<i>Continue to age Age 6</i>			

<b>AGE 6</b>			
Category of Errors	Scoring	Child's Score	Stimulable (check if YES)
<i>Scoring = the total available points per "category of error"</i>			
Errors with voiced and/or voiceless 'th' in 2 or more word positions (e.g., stopping or substitutions) Specify: <input style="width: 40%; border: 1px solid black;" type="text"/>	1 point	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Errors with 'r' (as a singleton and/or within blends) in 2 or more word positions (e.g., gliding, vowelization, or other substitution) *Do not score twice if selected above at age 7 Specify: <input style="width: 40%; border: 1px solid black;" type="text"/>	2 points	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Interdental lisp for /s/ and/or /z/ Specify: <input style="width: 40%; border: 1px solid black;" type="text"/>	2 points	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
Pervasive weak syllable deletion Specify: <input style="width: 40%; border: 1px solid black;" type="text"/>	4 points	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
<b>TOTAL</b>		<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
<i>Continue to age Age 5</i>			

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Student's Name:

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<b>AGE 5</b>			
<b>Category of Errors</b> <i>Scoring = the total available points per "category of error"</i>	<b>Scoring</b>	<b>Child's Score</b>	<b>Stimulable</b> (check if YES)
Final consonant deletion <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	4 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Medial consonant deletion across 2 or more classes (excluding cluster reduction) <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	2 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Pervasive Assimilation <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	2 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Errors with /p/, /b/, and/or /m/ in 2 or more positions <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	2 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Errors with /t/, /d/, and/or /n/ in 2 or more positions (e.g., backing; or other substitution) <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	2 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Errors with /k/ and/or /g/ in 2 or more positions (e.g., fronting, or other substitution) <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	2 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Errors with /s/ and/or /z/ in 2 or more positions (e.g., stopping; or other substitution error excluding interdental lisps) <b><i>*If errors are lateral distortions, select lateral lisp under Any Age</i></b> <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	2 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Errors with /f/ and/or /v/ in 2 or more positions (e.g., stopping, or other substitution errors) <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	2 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Cluster reduction for most /s/ blends, /r/ blends, and/or /l/ blends <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	2 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Errors with /l/ (as a singleton and/or within blends) in 2 or more positions (e.g., gliding, vowelization, or other substitution) <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	1 point	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Errors with /sh/, /ch/ and/or /j/ in 2 or more positions (e.g., stopping, interdental lisp, or other non-lateral substitution) <b><i>*If errors are lateral distortions, select lateral lisp under Any Age</i></b> <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	2 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
<b>TOTAL</b>		<input style="width: 100px; height: 25px;" type="text"/>	

**Continue to Any Age**

# SLP SCHOOL-BASED REHABILITATION SERVICES EXTERNAL REFERRAL FORM

Student's Name:

DOB:

<b>ANY AGE: ATYPICAL ERRORS AND PROCESSES (Pervasive errors must have frequent occurrences)</b>			
Category of Errors <i>Scoring = the total available points per "category of error"</i>	Scoring	Child's Score	Stimulable (check if YES)
Lateral lisp / palatal distortion <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	4 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Initial consonant deletion <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	4 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Pervasive sound transpositions <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	4 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Phoneme collapse (i.e., pervasive sound preference) <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	4 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
Stops produced as fricatives <i>Specify:</i> <input style="width: 400px; height: 20px;" type="text"/>	4 points	<input style="width: 100px; height: 25px;" type="text"/>	<input type="checkbox"/>
<b>TOTAL</b>		<input style="width: 100px; height: 25px;" type="text"/>	

<b>COMMENTS</b>
<i>Please describe any additional errors that are not captured above:</i>

<b>ARTIC/PHONO SCORING and LEVEL (Minimum 4 points required for a referral in this category)</b>
<b>Articulation/Phonology TOTAL SCORE</b>
<input style="width: 200px; height: 25px;" type="text"/>

<b>Articulation/Phonology LEVEL</b>
Child is stimulable for most errors (over 50%) <input type="checkbox"/> Yes <input type="checkbox"/> No
Child is Level 1 if NOT stimulable for correcting most errors <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2

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Student's Name:

DOB:

## MOTOR SPEECH DETERMINATION CRITERIA

N/A

**At least 3** of the following must be present to qualify for motor speech referral

- Persistent early processes (e.g., final consonant deletion, reduplication, assimilation, syllable deletion)
- Atypical processes (e.g., initial consonant deletion, backing, nasalization, sound preferences not accounted for by processes, stops produced as fricatives)
- Inconsistency across repetitions
- Vowel omissions and distortions
- Groping
- Consonant distortions (exclusive of lisps)
- Trial and error behaviour or hesitation when attempting words
- Increased errors and/or decrease in intelligibility with increased speech complexity
- Atypical prosody (e.g., equal stress, flat, choppy, rate, pitch, poor volume control)
- Atypical speech quality (e.g., dysphonia, altered resonance due to vocal tract shape)
- Limited syllable and word shapes
- Observed difficulty with motor speech control (range of jaw movement, midline jaw movement, solid lip contact, lip contact or movement independent of jaw movement, lip retraction, producing voiced-voiceless contrasts)

Comments:

**IMPORTANT:** If 3 or more indicators are checked, you must complete Motor Speech Level Criteria on next page

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<b>Motor Speech Level Criteria</b> (Only complete for children with 3 or more indicators above)			
School Board Referral / Centre-based Therapy Transfer with one block of therapy only (otherwise, n/a); groping and inconsistencies are minimal/mild-moderate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Child has an intelligible single word vocabulary of more than 100 words	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Child has the ability to produce simple syllable shapes (i.e., CV, VC, C1VC1, CV1CV1, C1VC2) even if inconsistent/limited	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Child is able to use intelligible 3-word phrases at least 50% of the time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Child has the ability to produce all vowels with exception of diphthongs (even if use is inconsistent) OR Child has fewer than 4 vowel errors/distortions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Child has the ability to independently produce all early developing consonants (i.e., p, b, m, h, n, w + t, d, y) even if use is inconsistent/limited	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Age 6+ only (otherwise n/a): Child is more than 50% intelligible to an unfamiliar listener For non-routine utterances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Age 6+ only (otherwise n/a): Child has the ability to produce all vowels and diphthongs (even if use is inconsistent) and vowel distortions are minimal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>TOTAL NUMBER OF 'NO' RESPONSES</b>			

<b>Motor Speech LEVEL</b> (Choose one):		
Motor Speech Level (Child is Level 1 if has 3 or more "No" responses and Level 2 if has 2 or fewer)	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2

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Student's Name:

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FLUENCY		<input type="checkbox"/> N/A
<b>Section A <u>and</u> B</b> <i>must apply to qualify for Fluency referral</i>		
<b>Section A</b>		
<input type="checkbox"/>	Dysfluency must occur greater than 3% syllables stuttered and have been present for longer than 6 months. The majority of these dysfluencies must be atypical i.e., blocks, prolongations, part word repetitions and sound repetitions	
<b>Section B</b>		
<b>At least 1</b> of the following <i>must be present to qualify for Fluency referral</i>		
<input type="checkbox"/>	Dysfluency occurs in multiple contexts	
<input type="checkbox"/>	Presence of frequent blocks or breaks	
<input type="checkbox"/>	Presence of frequent sound prolongations	
<input type="checkbox"/>	Negative social impact and/or frustrations present	
<input type="checkbox"/>	Frequent physical tension and/or other secondary behaviours present when speaking (e.g. blinking, tapping, throat clearing)	
<input type="checkbox"/>	Repeating sounds or syllables longer than 2 second duration (b-b-baby)	
<b>Additional Information</b>		
Calculated dysfluency within normal conversation: _____ /100 syllables		
<input type="checkbox"/>	Dysfluency increases with communicative pressure	
<input type="checkbox"/>	Dysfluency increases with complexity of sentence (grammatical or linguistic)	
<input type="checkbox"/>	Family history of stuttering	
<input type="checkbox"/>	Delayed, advanced or atypical language skills	
<input type="checkbox"/>	Age of 6 years or younger	
<input type="checkbox"/>	Dysfluency present longer than 6 months	



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VOICE		<input type="checkbox"/> N/A
Evidence of vocal cord pathology as noted in an ENT report within 6 months of referral		
Description of concern:	<input type="text"/>	

RESONANCE		<input type="checkbox"/> N/A
Describe difficulties and stimulability:		
Motor speech and atypical phonological substitutions have been ruled out as the cause for resonance issues		
Client has had previous surgery; <i>Specify</i> most recent surgeries in the chart below		
Type of surgery	Date of surgery (dd-mmm-yyyy)	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

OTHER COMMENTS
<input type="text"/>