

# SBRS Speech Referral Form (Grade 1+)



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
- Complete all fields and download/save the form to your device to ensure information is saved. Note: If a blank/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:

- |   |     |    |
|---|-----|----|
| • Student has been a persistent verbal communicator for at least 1 year   | YES | NO |
| • Student's speech concerns are clearly interfering with student's ability to meet academic goals outlined by curriculum or IEP expectations and/or social participation needs at school.   | YES | NO |
| • Student demonstrates sufficient motivation, attention, behaviour, receptive language and cognitive ability to participate in a structured speech therapy session for a minimum of 30 minutes  | YES | NO |
| • Student is able to persist at both imitation and revision   | YES | NO |
| • Student has purposeful expressive language, is primarily a verbal communicator (exclusive of motor speech) and takes multiple conversational turns as both an initiator and responder   | YES | NO |
| • Student has receptive language skills that fall in the average to mildly delayed range (if delays are considered more than mild, student will require speech therapy activities/instruction to be carried out at a slower pace; ideally, student can follow along with speech therapy activities/instruction at a typical conversational pace | YES | NO |

If any of the above are "NO", please do not refer to SBRS-SLP services at this time. Continue to monitor the student for development of the above skills.

## Student Information

<b>Student Name</b>	<input type="text"/>	<b>Date of Birth</b> (dd-mmm-yyyy)	<input type="text"/>
<b>School Name</b>	<input type="text"/>	<b>School Board</b>	<input type="text"/>
<b>School Contact</b>	<input type="text"/>	<b>Grade</b>	<input type="text"/>

## 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)

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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)*

- |   |   |
|---|---|
| <input type="checkbox"/> Level 1 Articulation/Phonology   | <input type="checkbox"/> Level 2 Articulation/Phonology |
| <input type="checkbox"/> Level 1 Motor Speech   | <input type="checkbox"/> Level 2 Motor Speech           |
| <input type="checkbox"/> Fluency  | <input type="checkbox"/> Voice                          |
| <input type="checkbox"/> 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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Student's Name:

DOB:

### 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)

#### Articulation/Phonology Determination Criteria

☐ N/A

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)

- Scores listed in each row are the maximum available for that error, process, or combo of errors listed in each row
- Please add a zero if error does not apply

#### Age 7+

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) <i>Specify:</i> <input type="text"/>	4 points	<input type="text"/>	<input type="checkbox"/>
<b>TOTAL</b>			
<b>Continue to age Age 6</b>			

#### Age 6

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) <i>Specify:</i> <input type="text"/>	1 point	<input 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) <b>*Do not score twice if selected above at age 7</b> <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	<input type="checkbox"/>
Interdental lisp for /s/ and/or /z/ <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	<input type="checkbox"/>
Pervasive weak syllable deletion <i>Specify:</i> <input type="text"/>	4 points	<input type="text"/>	<input type="checkbox"/>
<b>TOTAL</b>		<input type="text"/>	
<b>Continue to age Age 5</b>			

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Student's Name:

DOB:

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

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Student's Name:

DOB:

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

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

Articulation/Phonology Scoring and Level (Minimum 4 points required for a referral in this category)
Articulation/Phonology Total Score
<input type="text"/>

Articulation/Phonology Level
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

## SBRS Speech Referral Form (Grade 1+)

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

## SBRS Speech Referral Form (Grade 1+)

Student's Name:

DOB:

### Motor Speech Level Criteria (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* ☐ Yes ☐ No ☐ N/A

Child has an intelligible single word vocabulary of more than 100 words ☐ Yes ☐ No ☐ N/A

Child has the ability to produce simple syllable shapes (i.e., CV, VC, C1VC1, CV1CV1, C1VC2) even if inconsistent/limited ☐ Yes ☐ No ☐ N/A

Child is able to use intelligible 3-word phrases at least 50% of the time ☐ Yes ☐ No ☐ 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 ☐ Yes ☐ No ☐ 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 ☐ Yes ☐ No ☐ N/A

*Age 6+ only (otherwise n/a):* Child is more than 50% intelligible to an unfamiliar listener for non-routine utterances ☐ Yes ☐ No ☐ 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 ☐ Yes ☐ No ☐ N/A

**TOTAL NUMBER OF 'NO' RESPONSES**

### Motor Speech Level (Choose one):

Motor Speech Level (Child is Level 1 if has 3 or more "No" responses and Level 2 if has 2 or fewer) ☐ Level 1 ☐ Level 2

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Student's Name:

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Fluency		<input type="checkbox"/> N/A
<b>Section A, B and C</b> <i>must apply to qualify for Fluency referral</i>		
<b>Section A</b>		
At least 1 of the following must be "YES" to qualify for Fluency referral		
Stuttering limits social interaction in many contexts	YES	NO
Student reports or appears to be experiencing significant emotional impact of stuttering	YES	NO
<b>Section B</b>		
The following must be "YES" to qualify for fluency referral		
Disfluency must occur greater than 3% syllables stuttered and have been present for longer than 6 months. The majority of these disfluencies must be atypical i.e., blocks, prolongations, part word repetitions and sound repetitions		
	YES	NO
<b>Section C</b>		
At least 1 of the following must be "YES" to qualify for Fluency referral		
Disfluency occurs in multiple contexts	YES	NO
Presence of frequent blocks or breaks	YES	NO
Presence of frequent sound prolongations	YES	NO
Frequent physical tension and/or other secondary behaviours present when speaking (e.g. blinking, tapping, throat clearing)	YES	NO
Repeating sounds or syllables longer than 2 seconds' duration (e.g. b-b-b-baby)	YES	NO
<b>Additional Information</b>		
Calculated disfluency within normal conversation: _____/100 syllables		
<input type="checkbox"/> Disfluency increases with communicative pressure		
<input type="checkbox"/> Disfluency 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"/> Disfluency 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:	<div></div>	

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; Specify most recent surgeries in the chart below		
Type of surgery	Date of surgery (dd-mmm-yyyy)	
<div></div>	<div></div>	
<div></div>	<div></div>	
<div></div>	<div></div>	
<div></div>	<div></div>	

Other Comments
<div></div>