

SPEECH-LANGUAGE PATHOLOGIST REFERRAL QUESTIONNAIRE

Person filling out this form:

Does the student:

1. Have speech/voice quality that is difficult to understand?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2. Repeat words or parts of words/get “stuck” or “stutter”?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3. Expressive Language a) able to carry on a conversation? b) use grammatically correct sentences? c) able to describe events? d) use limited vocabulary?	Yes: <input type="checkbox"/> Yes: <input type="checkbox"/> Yes: <input type="checkbox"/> Yes: <input type="checkbox"/>	No: <input type="checkbox"/> No: <input type="checkbox"/> No: <input type="checkbox"/> No: <input type="checkbox"/>
4. Have difficulty following spoken directions?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
5. Have trouble “paying attention” or making eye contact?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
6. Have problems with play/interactions?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
7. Have medical history/professional (private SLP) involved? <i>Please circle: PT/OT/SLP/Pediatrician/other:</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
8. Have a recent hearing and/or vision evaluation? Date if known:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
9: Other:		

This questionnaire will help guide the Speech-Language Pathologist in assessing the student’s speech-language abilities. Thank you for answering these important questions.