

NAME: _____ BIRTHDATE: _____
SCHOOL: _____ TEACHER: _____ GRADE: _____

PLEASE CHECK AREA(S) OF CONCERN

ARTICULATION

- _____ Sound errors noted during reading/conversational speech
- _____ Other _____

VOICE

- _____ Husky/Hoarse
- _____ Loses Voice
- _____ Too Loud/Soft
- _____ Vocal Abuse During Freetime
- _____ Other _____

FLUENCY

- _____ Too Fast
- _____ Too Slow
- _____ Dysfluency/stuttering characterized by repetitions, prolongations of sounds or words. _____ Other _____

LANGUAGE

- _____ Inappropriate/immature grammatical forms for age level.
- _____ Difficulty recalling and or expressing thoughts or ideas.
- _____ Poor understanding and use of vocabulary.
- _____ Reduced sentence length and complexity (MLU).
- _____ Has difficulty understanding and following directions/concepts.
- _____ Other _____

AUDITORY PERCEPTION

- _____ Difficulty attending and or processing aural stimuli.
- _____ Difficulty with short/long term memory.
- _____ Difficulty discriminating between sounds.
- _____ Other _____

The above areas of difficulty were noted during the following activities. Be specific. _____

What activities did you try prior to recommending a referral for evaluation? _____

Were these activities successful? _____

TEACHER'S SIGNATURE _____

DATE: _____