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| **Student:** | **ID #:**  | **DOB:**  | **Gr.:**  | **Campus:**  |
| **Teacher:** | **Reason For Screening:** |  **date:** |

**LEP [ ]  Status: [ ]  b [ ]  i [ ]  a [ ]  Non-LEP [ ]  PD**

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| **List Speech Concerns/ Speech Error Sounds: (Ex. “Child says “tun” for “sun” and “dun” for “gun”)** |
| **Provide 3 Sample Phrases of Child’s Speech: (Ex. Says “kelo ball” for “I want ball.”)** |
| (Sample Phrase #1)       |
| (Sample Phrase #2)       |
| (Sample Phrase #3)       |

**\*\*\*\*Screening to be conducted by Speech Personnel\*\*\*\***

(THIS SECTION TO BE COMPLETED BY SPEECH PERSONNEL)

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| **Screening Date:** | **Completed by (Therapist):** |

**Recommendations:**

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| [ ]  | 1. **No intervention needed. Speech and language skills appear to be within normal limits. Student remains on Tier I. Please see Recommendations attached.**
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| [ ]  | 1. **Recommend student be placed on Speech RtI Interventions. The following attached interventions are to be implemented in the classroom. Teacher will document intervention dates and child’s performance, such as 5/10 correct or 50%. A follow-up visit will be conducted after 6 weeks to review child’s performance on targeted RtI interventions. (This is Response to Intervention process, not the Referral for Special Education testing).**
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| [ ]  | 1. **Recommend the RtI Initial Referral for Special Education testing to be completed.**
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| Teacher Signature (after screened by Speech Personnel) | Date |