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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.** |
|  | 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).** |
|  | 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 |