



Children's Treatment Centre
School-Based Rehabilitation Services
Quinte Health
Belleville General Hospital
265 Dundas Street East
Belleville, ON K8N 5A9

Telephone: (613) 969-7400 x2784
Fax: (613) 961-2517

SLP School-Based Rehabilitation Services External Referral Form

SLP SCHOOL-BASED REHABILITATION SERVICES EXTERNAL REFERRAL FORM

How to refer:

- Secure upload using Sync.com (please see instructions on our website www.quintectc.com) **or** Fax to: (613) 961-2517
- Please complete all fields and be sure to download/save the form to your computer/device to avoid submitting a blank form. If a blank or 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:

- Demonstrates sufficient motivation, attention, behaviour, receptive language and cognitive ability to participate in a "table top" speech therapy session for a minimum of 30 minutes
- Is able to persist at both imitation and revision
- Has purposeful expressive language, is primarily a verbal communicator (exclusive of motor speech) and takes multiple conversational turns as both an initiator and responder
- Has receptive language skill that fall in the average to mildly delayed range (if not, the student has greater than mild receptive language delays and will require speech therapy activities/instruction to be carried out at a slower pace or has greater than mild receptive language delays but can follow along with speech therapy activities/instruction at a typical conversational pace)
- Has a person identified who will commit to home practice

CHILD INFORMATION

Student Name <i>(Last, First)</i>	<input type="text"/>	Date of Birth <i>(dd-mmm-yy)</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
School Name	<input type="text"/>	School Board	<input type="text"/>				
School Contact	<input type="text"/>	Grade	<input type="text"/>				

REFERRAL DETAILS

Has child had past referrals or service?

If yes, describe:

Has the school board SLP provided intervention?

If yes, describe:

Name of referring SLP (print):

Date: *(dd-mmm-yy)* / /

Phone number: - -

Extension:

Referring SLP Signature:
(type name to sign electronically)



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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)

Level 1 Articulation/Phonology

Level 2 Articulation/Phonology

Level 1 Motor Speech

Level 2 Motor Speech

Fluency

Voice

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 / yy)

 / /

Hearing loss; *Specify:*

Hearing aids or implants; *Specify:*

GENERAL COMMENTS

Oral Peripheral Examination/Structural concerns:

Other:



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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) Specify: <input type="text"/>	4 points	<input type="text"/>	
	TOTAL	<input type="text"/>	

Continue to age Age 6

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) Specify: <input type="text"/>	1 point	<input type="text"/>	
Errors with 'r' (as a singleton and/or within blends) in 2 or more word positions (e.g. gliding, vowelization, or other substitution) *Do not score twice if selected above at age 7 Specify: <input type="text"/>	2 points	<input type="text"/>	
Interdental lisp for /s/ and/or /z/ Specify: <input type="text"/>	2 points	<input type="text"/>	
Pervasive weak syllable deletion Specify: <input type="text"/>	4 points	<input type="text"/>	
	TOTAL	<input type="text"/>	

Continue to age Age 5



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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 <i>Specify:</i> <input type="text"/>	4 points	<input type="text"/>	
Medial consonant deletion across 2 or more classes (excluding cluster reduction) <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	
Pervasive Assimilation <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	
Errors with /p/, /b/, and/or /m/ in 2 or more positions <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	
Errors with /t/, /d/, and/or /n/ in 2 or more positions (e.g. backing; or other substitution) <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	
Errors with /k/ and/or /g/ in 2 or more positions (e.g. fronting, or other substitution) <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	
Errors with /s/ and/or /z/ in 2 or more positions (e.g. stopping; or other substitution error excluding interdental lisps) *If errors are lateral distortions, select lateral lisp under Any Age <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	
Errors with /f/ and/or /v/ in 2 or more positions (e.g. stopping, or other substitution errors) <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	
Cluster reduction for most /s/ blends, /r/ blends, and/or /l/ blends <i>Specify:</i> <input type="text"/>	2 points	<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) <i>Specify:</i> <input type="text"/>	1 point	<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) *If errors are lateral distortions, select lateral lisp under Any Age <i>Specify:</i> <input type="text"/>	2 points	<input type="text"/>	
	TOTAL	<input type="text"/>	

Continue to Any Age



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ANY AGE: ATYPICAL ERRORS AND PROCESSES (Pervasive errors must have frequent occurrences)

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

COMMENTS

Please describe any additional errors that are not captured above:

ARTIC/PHONO SCORING and LEVEL *(Minimum 4 points required for a referral in this category)*

Articulation/Phonology TOTAL SCORE

Articulation/Phonology LEVEL

Child is stimulable for most errors (over 50%)

Child is Level 1 if NOT stimulable for correcting most errors



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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



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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

Child has an intelligible single word vocabulary of more than 100 words

Child has the ability to produce simple syllable shapes (i.e. CV, VC, C1VC1, CV1CV1, C1VC2) even if inconsistent/limited

Child is able to use intelligible 3-word phrases at least 50% of the time

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

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

Age 6+ only (otherwise n/a): Child is more than 50% intelligible to an unfamiliar listener For non-routine utterances

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

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)



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FLUENCY	N/A
Section A and B must apply to qualify for Fluency referral	
Section A	
Dysfluency must occur greater than 3% syllables stuttered and have been present for longer than 6 months. The majority of these dysfluencies must be atypical i.e. blocks, prolongations, part word repetitions and sound repetitions	
Section B	
At least 1 of the following <i>must be present to qualify for Fluency referral</i>	
Dysfluency occurs in multiple contexts	
Presence of frequent blocks or breaks	
Presence of frequent sound prolongations	
Negative social impact and/or frustrations present	
Frequent physical tension and/or other secondary behaviours present when speaking (e.g. blinking, tapping, throat clearing)	
Repeating sounds or syllables longer than 2 second duration (b-b-baby)	
Additional Information	
Calculated dysfluency within normal conversation: /100 syllables	
Dysfluency increases with communicative pressure	
Dysfluency increases with complexity of sentence (grammatical or linguistic)	
Family history of stuttering	
Delayed, advanced or atypical language skills	
Age of 6 years or younger	
Dysfluency present longer than 6 months	



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VOICE	N/A
Evidence of vocal cord pathology as noted in an ENT report within 6 months of referral	
Description of concern:	<input style="width: 90%;" type="text"/>

RESONANCE	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; <i>Specify</i> most recent surgeries in the chart below	
Type of surgery	Date of surgery (dd-mmm-yy)
<input style="width: 90%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>

OTHER COMMENTS
<div style="border: 1px solid black; height: 100px; width: 90%; margin: 5px;"></div>