

Wakulla County Schools
SPEECH/LANGUAGE REFERRAL FORM

Date: _____

Student Name: _____ Birthdate: _____

School: _____ Teacher: _____ Grade: _____

Description of the Suspected Problem:

Is the student enrolled in any special class? Yes No

Does the student have a history of health problems: Yes No

Does the student have a history of hearing problems? Yes No

Does the student have a history of learning problems? Yes No

Do you have consistent difficulty in understanding this child? Yes No

Does the child usually repeat words or sounds when he talks? Yes No

Does the child sound hoarse when he/she does not have a cold? Yes No

Does the student have difficulty following the class routine? Yes No

Does the student have difficulty expressing him/herself? Yes No

Teacher Signature