



REQUEST FOR SCREENING

Purpose: This form was created to track requests for screenings and increase accountability. This form is to be completed by classroom teacher to request a speech, language, and/or hearing screening and submitted to the Director of Special Services.

Date of Request:	
Teacher / Grade:	

Student:		Age:	
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The following area(s) are being requested to screen:

☐	Speech	☐	Language	☐	Hearing
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- What is/are the observed concerns for the areas being requested?

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- How are these observed concerns impacting the student's educational growth?

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Date Received _____	Screen	YES	Date Screened: _____	Outcome	Intervention
		NO	Process STOPS		Referral