

Speech Referral Checklist

Student: _____ Student ID#: _____

School: _____ Grade: _____

Dates: _____ *(Dates must be in sequential order)*

_____ **PST 1 Student Data Collection: Data & Cumulative Review**

_____ **PST 3 Student Data Collection: Staff Input & Observations**

_____ **PST 11 Problem Solving Team Meeting Invitation**

_____ **PST 10 Problem Solving Team Meeting Summary Form**

_____ **PST 8 Problem Solving Team: Response to Intervention Updates, Recommendations, and/or Referrals**
(Check # 4 on the PST 8 and have the PST sign. Do not forward this form to the ESE director at this time.)

_____ **PST 9 Screening Parent Notification of/ Consent for Intervention Activities**
(PST 9 gives permission to screen speech, language, hearing, and vision)

_____ **PST 12 Problem Solving Team Screening Report** *(PST 12 records results of the speech, language, hearing, and vision screening)*

If the student passes the speech screening, no further evaluation is needed. If the student does not pass the screening, another meeting is held to discuss the results of the screening and obtain permission for a speech evaluation.

_____ **PST 11 Problem Solving Team Meeting Invitation**

_____ **PST 10 Problem Solving Team Meeting Summary Form**

_____ **PST 9 Evaluation Exceptional Student Education Parental Notice/Consent for Evaluation**

_____ **PST 8 Problem Solving Team: Response to Intervention Updates, Recommendations, and/or Referrals**
(Check # 5 on the PST 8 and have the PST sign. Since this is an evaluation, send this form with the PST packet to the ESE director.)

Date PST packet completed: _____

Date PST packet received by the ESE director: _____

Date PST packet given to SLP: _____