



Sacramento City Unified School District  
CHILD DEVELOPMENT DEPARTMENT

# REQUEST FOR SPEECH AND LANGUAGE SCREENING

TO: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Language Speech & Hearing Specialist (LSHS)*

FROM: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HS  SP  WRAP  FD  HB  AM  PM

The child below is enrolled in a SCUSD preschool program. Based on preschool screening results, classroom observations, and/or parent concerns, we are requesting a speech and language screening to determine whether or not a special education speech and language assessment (IEP) is needed.

Child's Name \_\_\_\_\_

Child's Primary Language \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Primary Language \_\_\_\_\_

Address, Apt. # \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone, Work Phone, and/or Message Phone Number(s) \_\_\_\_\_

**Concerns:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I consent to have my child screened in the areas of speech and language by the SCUSD's special education's Language Speech & Hearing Specialist (LSHS).

I agree to this screening with the understanding that:

- This is only a screening.
- I will be contacted by the LSHS if it is determined that my child would benefit from further assessment through the special education IEP process.
- Further assessment through the IEP process will only occur with my prior knowledge and written approval.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

**Instructions for Preschool Teacher:**

1) Complete all information above. 2) Obtain parent/guardian consent signature.

3) Send white and green copies to LSHS. 4) Send yellow copy to the attention of the Preschool Special Needs Coordinator (Box 715).

5) Place pink copy in child's classroom file. 6) Give goldenrod copy to parent/guardian.

**Instructions for LSHS:**

1) Record the results of screening below. 2) Send white copy to the attention of the Preschool Special Needs Specialist (Box 715).

3) Keep green copy for your file. 4) Provide complete copy of IEP to classroom teacher.

Child does not require further screening or assessment.  No further action necessary  Preschool teacher notified

Child needs to be re-screened.  \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Parent/guardian contacted  
Approx. date to be re-screened

Child requires further assessment (IEP).

Child will receive Response-to-Intervention (RTI) or multi-tiered support system (MTSS).

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: *Language Speech & Hearing Specialist* \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Child was rescreened on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  No further action necessary  RTI / MTSS  Requires further assessment (IEP)

Preschool teacher notified  Parent/guardian contacted

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: *Language Speech & Hearing Specialist* \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Send rescreen copy to Special Needs Coordinator, Box 715.

**DISTRIBUTION: See above for copy distribution instructions.**