



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 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.