



REFERRAL INFORMATION

Date Completed: Referred by:

CLIENT INFORMATION

Name: Birthdate: Age: Gender:
Mailing Address: City: Zip:

PARENT/GUARDIAN INFORMATION

Parent Status: Married Divorced Separated Foster Parent(s) Other
Child's Primary Caregiver(s):

Parent/Guardian (Primary Contact)

Alternate Contact

Name: Relationship: Phone: E-Mail: Primary Language:
Text Call Email Translator Needed

HOME & LANGUAGE BACKGROUND

Is a language other than English spoken in the home? No Yes
Primary Language: Second Language:
Family members in the home:

BIRTH, DEVELOPMENTAL, & MEDICAL HISTORY

My child was born: Premature Full Term Late Term Vaginal Delivery C-Section
Describe any complications/health concerns during the pregnancy, delivery, or after birth:

Family History: Learning Disability Speech-Language Impairment Reading Problems/Dyslexia
Comments:

These Developmental Milestones were met at the following ages:

Said 1st word Combined 2 words Said sentences
Sat up alone Crawled Walked

Child's Medical History

- ADD/ADHD Autism Spectrum Disorder Deaf/Hearing Impairment
Genetic Disorder Intellectual Disability Learning Disability
Seizure Disorder Speech-Language Impairment Surgery/Hospitalization
Wears Glasses Wears Hearing Aids/Cochlear Implant Other

Medications:

Allergies:

Other/Comments:

EDUCATIONAL HISTORY

School: _____ District/City: _____ Grade: _____

Has your child repeated a grade? No Yes Grade(s) repeated: _____ School Dismissal Time: _____

Does your child currently have an IEP? No Yes *Please attach current IEP and evaluation(s)*

IEP Services/Setting: Speech-Language Resource Special Day Class Other: _____

School SLP Name: _____ E-Mail: _____

LANGUAGE & LITERACY PROFILE

Speech & Spoken Language

Does your child have a speech sound disorder? Yes No Not Sure

Does your child stutter? Yes No Not Sure

Are you concerned about your child's verbal expression? Yes No

Are you concerned about your child's listening comprehension? Yes No

Can your child repeat words, phrases, and/or sentences? Yes No Not Sure

Does your child use non-specific words ("there/thing") more often than specific words? Yes No Not Sure

My child learns new words easily: Yes Sometimes No Not Sure

Are your child's sentences usually grammatically correct? Yes No Not Sure

Can your child retell past personal events? Yes No Somewhat Not Sure

Can your child describe a procedure (e.g., how to draw a picture)? Yes No Somewhat Not Sure

Can your child describe events/pictures with details? Yes No Somewhat Not Sure

What my child says makes sense: Yes No Somewhat Not Sure

My child appears to put words in the wrong order when they speak: Yes No Somewhat Not Sure

My child follows instructions: Mostly Independently With lots of help No

My child answers yes/no questions appropriately: Yes Sometimes Rarely/Never

My child answers who, what, when, where questions appropriately: Yes Sometimes Rarely/Never

My child answers how or why questions appropriately: Yes Sometimes Rarely/Never

Phonological Awareness

Identifies and Names Letters: Yes No Not Sure

Knows letter sounds: All letter sounds Some vowels Some consonants None

Identifies beginning, middle, end sounds in words: Yes No Not Sure

Blends sounds to form words: Yes No Not Sure

Breaks words into individual sounds and syllables: Yes No Not Sure

Reading/Writing

Are you concerned about your child's reading/writing? Yes No

My child enjoys reading: Yes No Not Sure

My child enjoys being read to: Yes No Not Sure

My child reads: At/Close to grade level Below grade level Not Sure

My child can "sound out" words as they read: Yes No Not Sure

My child can answer questions about stories: Yes No Not Sure

My child retells stories in a logical order: Yes No Not Sure

My child can read and solve math word problems: Yes No Not Sure

My child can write sentences: Mostly independently With lots of support No

My child can write paragraphs: Mostly independently With lots of support No

OTHER PACIFIC SPEECH-LANGUAGE PATHOLOGY SERVICES

None

RiteCare Childhood Language Center: Current Client Wait List Previous Client

If you are a client of RCLC, please obtain and provide us a Consent for Exchange of Information form.

Please provide any additional comments, concerns or wishes for your child here:

Thank you for completing this form. Please send the referral and all attachments to the LLC Directors.

US Mail

Language-Literacy Center
Speech-Language Pathology Dept.
University of the Pacific
3601 Pacific Ave, Stockton, CA 95210

E-Mail

khazel@pacific.edu, lliddicoat@pacific.edu
Subject: LLC Referral

Kayla Hazel, MS, CCC-SLP
Lori Liddicoat, MS, CCC-SLP

Fax

Attn: LLC
209.946.2647