

Student Assistance Team Report
Speech and Language Services

ARTICULATION

This entire form is to be filled out and data is to be taken by the classroom teacher or another member of SAT.

This form will be returned if any information is omitted.
All of this information is necessary for NDE, SRS, and Rule 51.

Name: _____ Grade: _____ DOB: ___/___/___

Parents/Guardians: _____ Address: _____

Phone: _____

Referring Teacher: _____ Date of SAT entry ___/___/___

Dates of subsequent SAT meetings: ___/___/___, ___/___/___, ___/___/___, ___/___/___, ___/___/___

Date of Referral ___/___/___ Are the parents aware of this referral? _____

Hearing Screening Date: ___/___/___ Pass: _____ Fail: _____

Was there a medical referral? _____ Results of medical referral: _____

Relevant Medical History (This may need to be obtained from parents and could include a history of allergies, ear infections, vision difficulties, etc.)

How is the student's articulation affecting his/her education?

Does the student (check appropriate line):

	YES	NO
1. Substitute one sound for another (like "fum" for "thumb")?	_____	_____
2. Omit sounds (like "tay" for "stay")?	_____	_____
3. Distort sounds (the specific sound is not produced clearly)?	_____	_____
4. Insert extra sounds into words?	_____	_____
5. Have markedly delayed speech in comparison with other students in the class?	_____	_____
6. Have speech that is difficult to understand? How much can you understand (approximately)? _____%	_____	_____
7. Avoid speaking in class?	_____	_____
8. Have difficulty with sound discrimination?	_____	_____
9. Seem aware of his/her own articulation errors?	_____	_____
10. Have speech that distracts you from what he/she is saying?	_____	_____

If YES was marked, obtain a baseline on the strategies on the following page and document the results of trying the strategies.

STRATEGIES

To be completed by the student's classroom teacher or another member of the SAT

1. Have the student attempt to imitate the letter sound.
2. Have the student watch you closely as you say the word.
3. Have the student speak more slowly.
4. Provide good speech models.
5. Teach the student a visual cue to look for when you are saying the word.

RESULTS

1. Have the student attempt to imitate the letter sound.

Date of baseline: ___/___/___

Results of baseline:

Additional probes:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

2. Have the student watch you closely as you say the word.

Date of baseline: ___/___/___

Results of baseline:

Additional probes:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

3. Have the student speak more slowly.

Date of baseline: ___/___/___

Results of baseline:

Additional probes:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

4. Provide good speech models.

Date of baseline: ___/___/___

Results of baseline:

Additional probes:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

5. Teach the student a visual cue to look for when you are saying the word.

Date of baseline: ___/___/___

Results of baseline:

Additional probes:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

Date: ___/___/___ Results:

Recommendations of SAT:

Date: ___/___/___ Recommendations:

Date: ___/___/___ Recommendations:

Date: ___/___/___ Recommendations:

Signatures and positions of SAT members:

Dates of attendance:

If you complete the above strategies and would like an observation, please obtain a parent signature below.

Observation/Screening Permission:

1. An observation/screening is not required for a referral to be made.
2. Parent permission for an observation/screening must be obtained if an observation/screening is desired.
3. An observation/screening is only for the purpose of gathering information and is not a substitute for a formal evaluation.

I give the speech language pathologist permission to conduct a brief articulation observation or screening.

Parent or guardian signature

Date

This does NOT give permission for a formal evaluation. If determined to be necessary, permission for a formal evaluation will be obtained if and when a referral is made.