

# School-Based Speech Therapy Referral Intake Form

## Student Information

Student Name

Date of Birth

Grade

Teacher

School

## Referral Source

Name

Role/Relationship to Student

Date of Referral

## Reason for Referral

Describe specific speech/language concerns

Areas of concern (check all that apply)

Articulation  
Fluency  
Language (understanding/expressing)  
Voice  
Social Communication  
Other

☐  
☐  
☐  
☐  
☐  
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## Additional Information

How do these concerns impact the student's education?

Interventions or strategies tried

Other relevant information