

TMSD SPEECH/LANGUAGE PROCEDURES

A. Referral Process

1. The classroom teacher must go to the Student Services Resource Teacher to discuss a concern before filling out a Request for Services form (6G) about the child in question.
2. The Student Services Resource Teacher then will discuss possible referral with the Speech/Language Pathologist. The SSR teacher must discuss with SLP to determine appropriateness of the referral. *(If the classroom teacher approaches the SLP directly about a student whom they wish to have assessed, the SLP should redirect them to the Student Services teacher so the process may proceed as stated above.)*
3. If the referral is appropriate, the SSR teacher will discuss the referral with the Assistant Superintendent of Student Services as to when to proceed with the referral.
4. The Speech/Language Referral Form is filled out by the individual making the referral (either classroom teacher or student services teacher).
5. Referral form must be initialed by SSR teacher and principal before being sent home. The SSR teacher is responsible for talking to the parents about the referral before it is signed.
6. After the parent signs the referral form, the SSR teacher is to send the completed form to the Assistant Superintendent of Student Services. After it is signed by the Assistant Superintendent of Student Services, the form is given to the SLP and copies are distributed to the school, Assistant Superintendent of Student Services and the SLP.
7. The assessment can then be completed by the SLP.

B. Assessment Process

1. The assessment is to be completed by the SLP within one month of receiving the referral.
2. A written report is to be completed by the SLP by the end of six weeks. A copy should be included in the student's Speech/Language file. Additional copies are to be sent to the Assistant Superintendent of Student Services, SSR teacher, parents and other professionals.
3. The Speech/Language Pathologist then contacts the SSR teacher to schedule a team meeting to discuss the assessment results. The team includes: SLP, SSR teacher, classroom teacher, parents. Other may be involved as necessary.
4. A team meeting is held to discuss the assessment results. If direct therapy is recommended, parental consent for services must be obtained.

4-POINT RATING SCALE

4	<ul style="list-style-type: none"> • Non-verbal • AAC Users • ASD Spectrum • Neurological Related Issues – Brain Injured, Strokes • Deaf/Hard of Hearing
3	<ul style="list-style-type: none"> • Language disordered <ul style="list-style-type: none"> ○ Language processing ○ EAL ○ Language based deficit • Low-intelligibility <ul style="list-style-type: none"> ○ Apraxic ○ Severe Phonological Disorders (don't hear or manipulate sounds) • Tongue Tied/Cleft Pallet • Language Development and severe articulation (combination of) • Quality of Voice (hoarse/high/low pitch, nasal)
2	<ul style="list-style-type: none"> • Moderate articulation errors • Mild to moderate language delay • Fluency
1	<ul style="list-style-type: none"> • Mild articulation errors • Simple home programs

C. Program Plan

1. The program plan is to describe the program for the S/L Assistant. The plan should include the goals and objectives for the student.
2. Copies should be given to the SLA, the SSR teacher, Assistant Superintendent of Student Services, and parents.

D. Caseload Management

Definitions of Speech/Language Student's Caseload Status:

Caseload Weighting – 4 Point Rating Scale will be used to determine caseload. The following 4 Point Rating scale will be utilized. The maximum weighting for a full-time SLP is between 120-140. A waiting list will be established when the caseload weighting is over the cap.

Active – currently receiving S/L or assessment

Monitor – direct services are not warranted at this time; will be checked periodically by the SLP.

Consult – Provide suggestions to the teacher; not receiving direct therapy.

Contact Notes:

The SLP must write a contact note after each direct contact visit with a student (including observation visits). Copies should be given to the S/L Assistant and classroom teacher, who should read and initial the note. This copy should then be given to the Student Services Teacher to read and put in the student's Student Services file.

Progress Notes:

These should be completed for all students receiving direct speech/language intervention two times per year at report card time. The report should discuss the Student's progress during that reporting time.

Change in Status Forms:

These are to be completed when a student's status on the speech/language caseload changes (i.e. Active to Monitor; Monitor to Consult).

Case Closure Forms:

These are to be completed when a student's speech/language file is closed (i.e. treatment goals reached, child moves out of the division).

Year End Reports:

These are to be completed for every child on the speech/language caseload in Mid-June. It is a brief summary of the student's speech/language progress and provides recommendations regarding the student's therapy status for the following school year (i.e. Continue therapy, monitor, consult, etc.). Copies are to be sent to the parents, Student Services Teacher, Assistant Superintendent of Student Services, and other professionals as needed.

Blue Cards:

The SLP will check cumulative files in September to ensure that SLP information is registered appropriately on the blue cards. The SLP will also maintain the blue cards throughout the year in the case of new students and closed cases.

REFERRAL TO THE CHILD DEVELOPMENT CLINIC

The speech/language pathologist sends a letter outlining concerns, giving background information and attaching assessment if one has been completed to the Supervisor of Children's disABILITIES Services.

The supervisor will open a file and then send a letter to parents with an information sheet to complete.

Once Children's disABILITIES Services receives parental response, an appointment will be scheduled at the Child Development Clinic.

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