

Elks Camp Grassick
PO Box F, Dawson, ND 58428
701-327-4251
campgrassick@gmail.com

Speech and Language Report

SPEECH AND LANGUAGE REPORT

To be completed if the child is receiving or could benefit from speech therapy. **Please include a copy of the child's IEP or speech goals with the application.**

Name of Child: _____ Date of Birth: _____

Child's Diagnosis: _____

Type of Classroom: _____ Grade: _____

Name of Child's Speech Language Pathologist: _____

School System: _____ Telephone Number: _____

If permissible, please include the speech therapist's summer telephone number. If for any reason our speech/language personnel would have specific questions during the summer, they could contact the child's school clinician.

Home Phone: _____ Cell Phone: _____

Speech/Language Information:

Is this child presently receiving speech/language services? Yes No

If so, how many times per week: _____ Length of time per session: _____

Speech/Language Disability in the areas of: Minor Articulation Major Articulation

Oral Motor Control/Coordination Receptive Language Expressive Language

Pragmatics/Social Language Grammar Semantics Fluency Hearing

Other Specific Diagnosis: _____

Does this child wear hearing aids? Yes No Is this child Verbal Non-Verbal

This child's speech is: intelligible somewhat intelligible unintelligible

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Does this child use a communication device: Yes No If so, what? _____

Will this child be bringing a communication device to camp? Yes No

Please describe the child's level of independence with his/her communication device.

Please describe the child's motivation to use his/her communication device?

What materials, programs, special equipment, etc. are being used with this child?

Please give a brief description of therapy the child is presently receiving, and concerns being addressed in the school therapy setting, including the level of support/cueing that the child needs to be successful.

What materials, programs, special equipment, etc. are being used with this child?

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Please give some suggestions or specific areas of concentration you would like our speech/language personnel to work on with this child while at camp. (Please keep in mind the number of weeks this child will be at camp.)

Please Note: To best utilize the weeks we have with the children and in order for our speech/language personnel to continue to follow up on what the school therapist is working on with this child, we would appreciate any information or materials concerning the following included with this speech/language report: **Current IEPs if applicable, most recent test results, therapy objectives and goals and possibly a brief description of therapy the child has been receiving.** If the child is nonverbal, what materials, programs, or type of communication approach is being used? Thank you.