

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 Applicant: _____ Date of Birth: _____

THERAPIST INFORMATION

Name of Individual's Speech Language Pathologist: _____

Speech Therapist's Email: _____

School System or Agency of SLP: _____

Address: _____

Telephone Number: _____

If this individual is accepted, I would like to receive a copy of the report and follow up information after camp: Yes No

How would you like to receive information from camp?

I would like to receive paper copies in the mail.

I would like to receive digital copies by email.

I would like to receive paper and digital copies.

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: _____

Diagnosis: _____

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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: _____

How does this individual communicate?

verbal non-verbal vocalizes communication device sign

eye gaze responds to choices gesture leading adult to desired item/activity

Comments about this individual's communication:

Does this individual wear hearing aids? Yes No

If this individual uses a communication device, what is the device?

Will they be bringing the communication device to camp? Yes No

Please describe this individual's level of independence with his/her communication device.

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

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

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

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