



DISTRICT SCHOOL BOARD OF PASCO COUNTY SPEECH,
LANGUAGE AND HEARING SCREENING REPORT

MIS Form #789
Rev. 04/19

Student Name _____ School _____

Date of Birth _____ Grade _____ Student Number _____

REFERRAL

Classroom teacher/school personnel	In-school staffing
Parents	Temporary placement
Grade-wide screening	Reevaluation
Rescreen	Other _____

Date of Referral _____

Speech & Language Pathologist _____

HEARING SCREENING

Date _____

Instruments Used Audiometer
 Other (Briefly Describe) _____

Results Pass Fail

Recommendations:

Comments:

- No hearing loss noted
- Rescreen at later date this school year
- Rescreen annually
- Refer for audiological evaluation

SPEECH AND LANGUAGE SCREENING

Date _____

Instrument(s) Used: Informal Articulation Screener
 CELF-5 Screening
 Other (Briefly Describe) _____

Results Pass Fail

Rescreen _____ Rescreen Results Pass Fail

Suspected Disorder Articulation Language Fluency Voice

Recommendations:

Comments: _____

- Implement Language Interventions in the classroom
- Implement Speech Interventions in the Classroom
- No Speech or Language Disorder Noted
- Rescreen at Later Date this school year
- Schedule for Speech Evaluation
- Rescreen Annually

