

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: \_\_\_\_\_

## SPEECH/LANGUAGE INFORMATION CONTINUED

Diagnosis: \_\_\_\_\_

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.

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

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.)