

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: \_\_\_\_\_

Speech Therapist's Email Address: \_\_\_\_\_

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

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This child's speech is:  intelligible       somewhat intelligible       unintelligible

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.