



SPEECH/LANGUAGE CONSULTATION MEETING

Student's Name: _____ DOB: _____

Student ID#: _____ Site: _____

Teacher Name(s): _____ Parent/Guardian Name(s): _____ Home

Language(s) of Child: _____ SLP Name: _____

Meeting Date _____

Review of Communication Consultation Form and Discussion

- **Student Strengths:**
 - Home:
 - Classroom:
- **Language(s):**
 -
 -
- **Health History/Milestones:**
 -
 -
- **Prior evaluations/services:**
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 -
- **School Experience**
 -
 -
- **Communication at Home**
 -
- **Communication at School**
 -
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Outcomes of Discussion

Student strengths identified in _____. Communication concern(s) presented in the area(s) of _____. (If appropriate) There are several factors that may be impacting (student's) learning at this time, including:

- **EXAMPLES:** First school experience and first time exposure to classroom language
- **EXAMPLES:** The student's primary language is _____. This is their first exposure to English....

Suggested Follow-Up Plan

Teacher(s), parent(s)/guardian(s) and SLP agree to the following. Please mark a box below next to **one** recommendation:

- **General Education:** No suspected disabilities presented. No interventions, referrals or assessments are warranted at this time.
- **Individualized Communication Strategies/Response to Intervention (RTI) within General Education setting** *If the box is checked, a *Communication Interventions Action Plan* must be created by SLP with the teacher and parent.
- **Special Education Referral and Assessment recommended in the area of Speech/Language/Communication.** *No other areas of suspected disability
- **Concerns presented in additional areas of development.** Defer to school site's comprehensive Student Study Team (SST)/Response to Intervention (RtI) Process

Additional Comments (if applicable):

Meeting Participants

- **Parent Participation:** I participated in the development of this plan.

Parent/Guardian Signature

Date: _____

Parent/Guardian Signature

Date: _____

Speech/Language Pathologist Signature

Date: _____

Teacher Signature

Date: _____

Teacher Signature

Date: _____

Name/Title

Date: _____



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FOLLOW UP MEETING FORM AFTER 8-10 Week Cycle of RtI

Discussion about Progress/Observations Since Last Meeting

- **Parent reports:**

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- **Teachers report:**

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- **SLP reports:**

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Outcomes of Discussion

Per review of RtI data, student **has/has not** made progress in their _____ **skills** when provided with the following general education interventions/communication strategies: _____.

Suggested Follow-Up Plan

Teacher(s), parent(s)/guardian(s) and SLP agree to the following. Please mark a box below next to **one** recommendation:

- **General Education:** Student has made sufficient progress. No suspected disabilities presented. Special Education referrals or assessments are not warranted at this time. Teachers continue to support student's communication skills and monitor progress within general education.
- **Special Education Referral and Assessment recommended in the area of Speech/Language/Communication.** *No other areas of suspected disability
- **Concerns presented in Additional Areas of Development.** Defer to school site's comprehensive Student Study Team (SST)/Response to Intervention (RtI) Process.

Additional Comments (if applicable):

Meeting Participants

- **Parent Participation:** I participated in the development of this plan.

Parent/Guardian Signature

Date: _____

Parent/Guardian Signature

Date: _____

Speech/Language Pathologist Signature

Date: _____

Teacher Signature

Date: _____

Teacher Signature

Date: _____

Name/Title

Date: _____