College of Health and Human Services
School of Speech, Language, and Hearing Sciences

Speech-Language Clinic
5500 Campanile Drive, San Diego, CA 92182-1518
619-594-7747
FAX: 619-594-7790

SCHOOL INFORMATION FORM

It has been requested that _____ be seen for speech and/or hearing services at the San Diego State University Communications Clinic. It is necessary for us to have relevant school information to facilitate our evaluation and recommendations for the applicant. Absolute confidentiality will be maintained regarding all information submitted. After we receive this form, the applicant will be eligible to receive services.

TO BE COMPLETED BY APPLICANT/PARENT/GUARDIAN:

Name of Applicant_____Date of Birth_____

_____
(Parent/Guardian Signature for Release of Information) (Date)

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TO BE COMPLETED BY SCHOOL PERSONNEL:

School Name_____
Address_____
Principal's Name_____
Teacher's Name_____Grade_____

1. What is your general assessment of the applicant's communication behavior in the school environment?
   _____
   _____
   _____

2. Have teachers noticed speech, language or hearing problems? Yes ____ No____ If Yes, what is their reaction to the Applicant?_____
   How does the Applicant respond?_____

3. Do you have difficulty understanding the Applicant's communication attempts:
   _____Often _____Occasionally _____Never

4. Does the Applicant have difficulty following classroom instructions or activities?
   _____Often _____Occasionally _____Never

5. Please describe the applicant's social relationships and interactions with other students:
   _____
   _____
   _____

6. Describe the applicant's relationship(s) with his/her teacher(s):
   _____
   _____
   _____

(Continue on Back)

7. What are the Applicant's strengths and weaknesses in school?

8. What is your professional evaluation of the applicant's intellectual abilities?

9. Please list results of aptitude, achievement or placement testing:

10. Additional Comments:

Submitted by:_____ Date:_____

Title:_____

THANK YOU FOR YOUR TIME AND CONSIDERATION ON BEHALF OF THE APPLICANT.