**Speech/Language Referral**

Tazewell-Mason Counties Special Education

300 Cedar Street

Pekin, IL 61554

Phone 309/347-5164 - Fax 309/346-0440

**STUDENT INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Birthdate: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resident District: |  |  | Serving School/District: |  |

**RECOMMENDED TREATMENT:**

Speech/language services are recommended for this student. These speech/language services may include diagnostic, screening and assessment, preventative, and/or corrective services.

Additional Comments (if applicable):

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**REFERRING PROVIDER** must be a **Physician** or **Licensed Practitioner of the Healing Arts (LPHA)**:

A **Licensed Practitioner of the Healing Arts** includes an individual with any of the following credentials:

* IDFPR licensed Physician Assistants, Advanced Practice Nurses, Clinical Psychologists, or Speech-Language Pathologists.
* Individuals with and ISBE Professional Educator License (PEL) endorsed in School Psychology or Speech-Language Pathology.

|  |  |
| --- | --- |
| Physician or LPHA Please Print Name: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

*Note: The Physician or LPHA signing this referral form may not be the same individual who provides speech/language services to this student.*