

SPEECH/HEARING/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, hearing, and/or language services are recommended for this student. Services for individuals with speech, hearing, and language disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist.

Additional Comments (if applicable):

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:

- IDFP 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: _____

NPI #: _____

Signature: _____ Date: _____

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