

CST Review: Feedback from SLP

Student: _____ DOB: _____ Perm # _____

School: _____ Grade: _____ Date Received by SLP: _____

The SLP must be notified and provided the referral packet and this checklist 5 days prior to scheduling the CST meeting.

- E-CST documentation
 - Speech-Language Concerns**
 - Rtl documentation where indicated**

- Language: Parent Survey (completed by parent for **all** concerns)-**hard copy**
- Articulation: Parent Survey (completed by parent if indicated)-**hard copy**
- Sound Error Survey and Intelligibility Data Collection (completed by teacher if indicated)-**hard copy**
- Health/Social History Form (completed by parent)-**hard copy**
- Home Language Survey-**hard copy**
- Latest report cards -**hard copy**
- Vision and Hearing (within one year). Student must have passed both. If student failed either or both, follow-up documentation from a medical professional must be obtained.
- Attendance
- AIMS/ATVS data/scores of benchmarks, STAAR, and other assessments
- Special Education History and/or documentation of Section 504 services
- If BILINGUAL, provide copies of:
 - Pre-LAS or LAS-Links (not Telpas) Testing (within 6 months)-**hard copy**
 - Special Education /English Language Learner Referral Form -**hard copy**
- Work samples (spelling, writing, other academic subject area samples that support S/L concern)
- Medical records/Outside Evaluations, if relevant

Decision after review by evaluation staff:

- Referral complete, schedule CST with parent/guardian.
- Resubmit to SLP with requested documentation (see checklist above).
- Consult with _____ (e.g. speech/language pathologist, behavior specialist, curriculum specialist) regarding: _____.
- Continue Tier II interventions; monitor progress for _____ (length of time), then resubmit with new data.
- Modify Tier II Interventions Plan (add, delete, or change goals and strategies); implement NEW Action Plan
- Concerns: _____
- Other: _____

Referral Packet is **complete**_____ SLP signature: _____

Date folder returned to CST chair or teacher: _____

Referral Packet is **incomplete**_____ SLP signature: _____

Date folder returned to CST chair or teacher: _____