



SAN MARCOS UNIFIED SCHOOL DISTRICT
255 PICO AVE, SUITE 250
SAN MARCOS, CA 92069

Staff Speech Sound Concerns Joli Ann Leichtag Elementary

Date: _____

Teacher: _____

Student: _____

1) Please identify the sound(s) the student is having difficulty producing correctly:

___ m / n	___ s	___ l
___ p / b	___ f	___ ch / j
___ t / d	___ th	___ r
___ k / g	___ sh	___ blends (pl-, st-, cr-, etc.)

2) In the classroom, do you have difficulty understanding what the student is saying due to these errors?

___ Never ___ Occasionally ___ Often ___ Almost Always

3) Does this student appear to be aware of their errors? ___ Yes ___ No

4) How old is the student? _____

5) Is the student an English Language Learner? ___ Yes ___ No

Home language: _____

Thank you for your referral.

A Joli Ann speech-language pathologist will review the information and inform you and the parent of the most appropriate action plan.