

**St. Lucie Public Schools  
Speech Screening**

**DEMOGRAPHICS**

<b>Student Name</b>		<b>Other ID</b>	
<b>DOB</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Grade/School</b>
<b>Parent/Guardian Name:</b>			
<b>Address (Street, City, Zip)</b>			
<b>Phone</b>	<b>Primary Language</b>	<b>Homeroom Teacher</b>	

**Summary of Problem Solving Team Concerns Regarding Speech Development:**

**Indicate how the parent was notified of the intent to conduct screenings:**

- via telephone by** \_\_\_\_\_ **Date** \_\_\_\_\_
- written notice by** \_\_\_\_\_ **Date** \_\_\_\_\_
- parent in attendance at meeting** \_\_\_\_\_ **Date** \_\_\_\_\_  
(parent signature)

**Results of Speech Screening/Recommendations:**