Lake Shore Central School Special Education Department

William T. Hoag Educational Center

42 Sunset Blvd., Angola, NY 14006

(716) 926-2230

**Recommendation for Speech Services**

The following student requires speech/language services (per IEP) in the school setting, as follows:

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Summer School Service Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ 10-Month School Year Service Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ EVALUATION of Speech-Language Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due to deficits in the following area(s):

\_\_\_ F80.0 Developmental articulation disorder;

Phonological disorder

\_\_\_ F80.1 Expressive language disorder

\_\_\_ F80.2 Mixed receptive-expressive language disorder

\_\_\_ F80.4 Speech/language developmental delay due to hearing loss

\_\_\_ F80.81 Childhood onset fluency disorder;

Cluttering NOS, Stuttering NOS

\_\_\_ F84.0 Autistic disorder as per outside agency report

\_\_\_ F84.5 Asperger’s syndrome

\_\_\_ H93.25 Central auditory processing disorder

\_\_\_ R48.2 Speech articulation impairment due to apraxia

\_\_\_ R49.8 Other voice and resonance disorders

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Speech Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , MS, CCC-SLP/L

Title: Speech-Language Pathologist

NYS License #: NPI #:

Contact Information: (Add your school name , address and phone #)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_