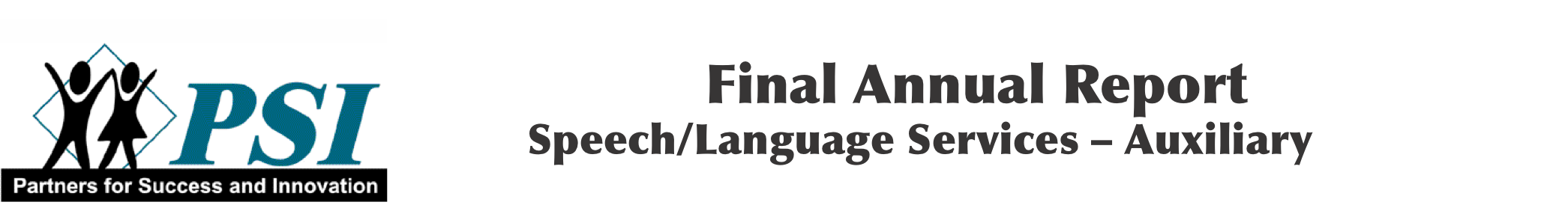
\_\_\_\_ Speech Files \_\_\_\_\_ Principal \_\_\_\_\_\_ PSI Offices Date



|  |  |  |  |
| --- | --- | --- | --- |
| District/School |  | School Year |  |
| Speech Pathologist |  | Days/Hours Assigned |  |
| Enrollment including Preschool (3 & 4) |  | Principal |  |
| Grad Grades (e.g., K-8, 1-8) |  | School Hours |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grades Screened** | \_\_\_\_\_ | Current Caseload |  | |
| 1. Speech/language | \_\_\_\_\_ | **Evaluations (Count students evaluated once only for 1-3)** | |  |
| 2. Hearing, if applicable | \_\_\_\_\_ | 1. Total students referred to district for MFE | \_\_\_\_\_ | |
|  |  | 2. Total MFEs completed by PSI SLP | \_\_\_\_\_ | |
| **CURRENT Enrollment for the year**  ***(Count students once only)*** |  | 3. Total students evaluated by PSI/PSI forms | \_\_\_\_\_ | |
| 1. Language | \_\_\_\_\_ | **Treatment *(Count students once only for A-G)*** |  | |
| 2. Articulation | \_\_\_\_\_ | A. Total students on IEP – Speech Only | \_\_\_\_\_ | |
| 3. Fluency | \_\_\_\_\_ | B. Total students on IEP-Speech Related Service | \_\_\_\_\_ | |
| 4. Voice | \_\_\_\_\_ | C. Total students on Service Plan - Speech Only | \_\_\_\_\_ | |
| 5. Phonological Awareness and Reading Skills | \_\_\_\_\_ | D. Total students on Service Plan – Speech Related | \_\_\_\_\_ | |
| 6. Multiple Speech/Language Deficits | \_\_\_\_\_ | E. Total students on PSI Intervention Plan/ SEGO Plan identified with SLI/SLR | \_\_\_\_\_ | |
|  |  | F. Total students on PSI Intervention Plan/SEGO  Plan only | \_\_\_\_\_ | |
|  |  | G. Total students identified but not served | \_\_\_\_\_ | |
|  |  | **Totals** |  | |
|  |  | 1. Improved but retained for further services | \_\_\_\_\_ | |
|  |  | 2. Dismissed corrected/maximally improved | \_\_\_\_\_ | |
|  |  | 3. Transferred/withdrawn during school year | \_\_\_\_\_ | |
|  |  | 4. Other (explain) | \_\_\_\_\_ | |

**Additional Information**

1. Total students who can be enrolled into therapy immediately beginning of next school year \_\_\_\_\_\_\_\_\_\_
2. Total students on therapy recheck list (as of June) \_\_\_\_\_\_\_\_\_\_
3. Programs recommendations for next school year (i.e., amount of services, day changes, scheduling suggestions. materials needed, etc.)

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1. Indicate where speech records, materials and tests are located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please complete and attach the Final Report Auxiliary pages 2-3 and a copy of your daily speech therapy schedule.

This report is due in the PSI office at the time you submit your final timesheet.