



Speech-Language Clinic  
5500 Campanile Drive, San Diego, CA 92182-1518  
619-594-7747  
FAX: 619-594-7790

**SCHOOL INFORMATION FORM**

It has been requested that \_\_\_\_\_ be seen for speech and/or hearing services at the San Diego State University Communications Clinic. It is necessary for us to have relevant school information to facilitate our evaluation and recommendations for the applicant. Absolute confidentiality will be maintained regarding all information submitted. After we receive this form, the applicant will be eligible to receive services.

**TO BE COMPLETED BY APPLICANT/PARENT/GUARDIAN:**

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature for Release of Information) (Date)

\*\*\*\*\*

**TO BE COMPLETED BY SCHOOL PERSONNEL:**

School Name \_\_\_\_\_

Address \_\_\_\_\_

Principal's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

1. What is your general assessment of the applicant's communication behavior in the school environment?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have teachers noticed speech, language or hearing problems? Yes \_\_\_ No \_\_\_ If Yes, what is their reaction to the Applicant? \_\_\_\_\_  
How does the Applicant respond? \_\_\_\_\_

3. Do you have difficulty understanding the Applicant's communication attempts:  
\_\_\_\_\_ Often \_\_\_\_\_ Occasionally \_\_\_\_\_ Never

4. Does the Applicant have difficulty following classroom instructions or activities?  
\_\_\_\_\_ Often \_\_\_\_\_ Occasionally \_\_\_\_\_ Never

5. Please describe the applicant's social relationships and interactions with other students:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the applicant's relationship(s) with his/her teacher(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on Back)

7. What are the Applicant's strengths and weaknesses in school?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What is your professional evaluation of the applicant's intellectual abilities?  
\_\_\_\_\_  
\_\_\_\_\_

9. Please list results of aptitude, achievement or placement testing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Additional Comments:

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**THANK YOU FOR YOUR TIME AND CONSIDERATION ON BEHALF OF THE APPLICANT.**