***Speech Referral for Evaluation or Recommendation for Services***

***(You must complete a separate form for each*.)**

A Speech and Language referral for an **evaluation** or a recommendation for **services** is recommended in accordance with the request by the Early Intervention Program, the Committee on Pre-School Special Education or the Committee on Special Education

Services, when provided, will be in accordance with the Individualized Education Program designed by the Committee or IFSP designed by the Early Intervention designee and parent / guardian.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Service:

□ EVALUATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Evaluation**

 (Describe the Presenting Problem if no diagnosis exists at time of evaluation)

□ SERVICES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Use the official  **ICD-10 codes**) REQUIRED - Use as many codes as appropriate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print Name) NYS Licensed Speech Pathologist

**Medicaid Provider #:** **Date**

**License Number:** \_\_\_\_\_\_\_  NPI **Number:** \_\_\_\_\_\_\_\_\_\_ **Signed:** \_\_\_\_\_\_\_\_\_\_\_

**Note**: Medicaid requires that speech evaluations and services be recommended by a Licensed Speech Pathologist, Physician, Physician’s Assistant, or Nurse Practitioner **prior to or on** the date of the evaluation or the start of services.

**\*Must be original signature – Stamped Signature will not be accepted.**

A FACSIMILE OR PHOTOCOPY OF THIS RECOMMENDATION IS ACCEPTABLE.