

Ionia County Intermediate School District

Speech Therapy Referral

Student: _____ DOB: _____

District: _____

Dear Physician:

This student qualifies as having a speech and language impairment in accordance with the Michigan Revised Administrative Rules for Special Education (Sept. 2013). Through formal assessment the communication disorder that adversely affects educational performance has been determined to be:

Language Articulation Fluency Voice

In order for school districts to bill Medicaid for speech therapy services the Michigan Department of Community Health guidelines state that a referral must be ordered in writing by a physician. A referral means, "contact by a physician with the speech pathologist or audiologist providing the services or with an enrolled School Based Services provider for special education and related services."

If you agree with this referral, please sign and return to the person listed below. Feel free to call me at _____ if you have any questions.

Sincerely,

Speech/Language Pathologist

I agree with the referral for speech, language and hearing services for this student, inclusive of assistive technology device services as necessary. This is effective September 1, _____ (for students newly identified it is effective the date of their Initial IEP and for transfer students it is effective the date of placement).

Physician Signature

Date

Physician Printed Name

NPI#: _____

Are you enrolled as Medicaid Provider? Yes No

Please return to:
Terri Thomas
Ionia County Intermediate School District
2191 Harwood Rd
Ionia, MI 48846