

## FEEDING AND SWALLOWING TEAM REFERRAL FORM

Date form completed:		
Student:	Date of Birth:	
School:		
Diagra shock all that apply		
Please check all that apply:  MEDICAL INFORMATION		
☐ Repeated respiratory infections	☐ History of recurring pneumonia	
□ Vocal cord paralysis	☐ Cleft palate	
☐ Medical HX of swallowing problems	☐ History of GERD	
☐ History of head injury	☐ Weight loss / failure to thrive	
☐ Receives nutrition through tube feeding	= Weight 1955 / Tahare to thinke	
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OBSERVED BEHAVIORS		
☐ Requires special diet or diet modification (i.e. baby foods, thickener, soft food only)		
☐ Poor upper body control		
☐ Poor oral motor functioning		
☐ Maintains open mouth posture		
☐ Drooling		
☐ Nasal regurgitation		
☐ Food remains in mouth after meals (pocketing)		
☐ Wet breath sounds and/or gurgly voice quality following meals or drinking		
☐ Coughing/choking during meals		
☐ Swallowing solid food without chewing		
☐ Effortful swallowing		
☐ Eyes watering/tearing during mealtime		
□Unusual head/neck posturing during eating		
☐ Hypersensitive gag reflex☐ Slurred speech		
☐ Meal time takes more than 30 minutes		
☐ Overstuffing		
☐ Food and/or drink escaping from the mouth or trach tube		
ADDITIONAL DELIANIONS		
ADDITIONAL BEHAVIORS		
☐ Feeding Aversion		
☐ Feeding Jags (eats only one thing) ☐ Limited Eating (only eats a certain amount)		
☐ Food Refusal		
	and drinking	
☐ Spitting up or vomiting associated with eating	and unitking	



tsharkey@casedupage.com

22W600 Butterfield Road Glen Ellyn, IL 60137-6957 Mary M. Furbush, Ed.D. Executive Director

630-942-5600, Relay Service 711 Fax 630-942-5601

Additional Information or Comments:	
Contact Person Name & Email	 Date
District Special Education Administrator <b>Signature</b>	 Date
Please returned the signed request to:	
Tricia Sharkey Administrator of Student Support Services, CASE	