



Speech pathology referral information for Kindergarten children

Child's name: _____ Child's date of birth: _____

Date completed: _____

This checklist is designed to provide additional information to support a referral to speech pathology at the metropolitan Child Development Service (CDS). It should be completed by a health or education professional with knowledge of a child obtained through direct observation over a period of time. This checklist should be accompanied by a [CDS referral form](#) containing a full description of the child's communication strengths and difficulties. This description should include the impact of the child's speech and language difficulty when interacting with others.

For children from a linguistically diverse background, the checklist 'Speech pathology referral information for children for whom English is an additional language' should be completed in consultation with the parents/carers.

1. Articulation (speech sounds)

- Some/all listeners have difficulty understanding in a known context.
- Difficulty in producing at least two speech sounds expected for age (see speech sound development guide below). Please list examples on the CDS referral form.

Speech sound development guide

Most children can produce most speech sounds correctly by 5 years. Acquisition can be variable across children and depends on many factors. By their 4th birthday children should be able to be understood by unfamiliar people most of the time. **85-90% of children** should have the following speech sounds by these birthdays:

| By their X birthday | Age of acquisition of speech sounds |
|-----------------------------------|---|
| By their 3 rd birthday | m n h p b d k g w f |
| By their 4 th birthday | + t y l s* sh |
| By their 5 th birthday | + v z zh (e.g. treas <u>u</u> re) ch j r |
| By their 6 th birthday | + voiced th (e.g. that, the) + most blends (e.g. /sp/, /fl/, /pr/, str/) |
| By their 7 th birthday | + voiceless th (e.g. thumb, Perth) |

*When /s/ is produced with the tongue between the teeth (i.e. a lisp), this is developmentally appropriate until 4 ½ years.

2. Expressive language (talking)

- Uses a limited range of connectors such as 'and' and 'because'. For example, 'The man climbing the ladder for he trying to get the cat'.
- Incorrect use of pronouns. For example uses 'me' instead of 'I'.
- Verb tense errors in sentences (e.g. 'ing', 'ed'). For example, 'I pat those cats'.

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- Mixes up the order of words in sentences.
- Limited vocabulary and/or presents with word finding difficulties (difficulties naming common objects). For example, overuses nonspecific words such as 'this' and 'there'.
- Uses telegraphic speech (abbreviated speech using only key content words). For example 'he riding bike'.
- Difficulty with sharing news and/or telling a story using a set of sequential pictures. For example, presenting with difficulties in sequencing the pictures to tell the story and/or uses simple sentences.

3. Receptive language (comprehension)

- Difficulty, or may require assistance, in following 2- to 3-part instructions (e.g. 'put on your hat and go outside').
- Difficulty understanding prepositions such as 'in', 'on', 'under', 'behind', 'between'.
- Difficulty understanding a variety of concepts. For example, size concepts (e.g. big/little), descriptive concepts (e.g. hard/soft).
- Difficulty answering 'what' (e.g. 'what's happening?'), 'where' (e.g. 'where does it live?') and 'who' (e.g. 'who is running?') questions.

4. Pragmatics (social language)

- Difficulty initiating/holding a short conversation with peers and adults.
- Uses language for a restricted range of purposes. For example, may not ask questions or make comments (Please request further information from parents/caregivers regarding student's ability to use language at home and other settings).

5. Stuttering

- Stuttering observed or reported by carer e.g. repetitions (e.g. 'mu, mu, mummy'), prolongations (e.g. 'Mmmmmummy') and/or blocks (e.g. '___ I want to go').

6. Voice

- Voice sounds significantly different to peers, e.g. hoarse/husky voice. Voice concerns are not managed by CDS. Please recommend that the child sees the GP for an ENT (Ear, Nose and Throat) referral in response to concerns about voice.

Name: _____

Agency/School: _____

Agency/School address: _____

Agency/School phone number: _____

Email: _____

Please submit as an attachment to the online CDS referral form at cahs.health.wa.gov.au/CDSreferrals or via email as directed by the child's clinician.

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