

Speech pathology referral information for Year One 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 <u>CDS referral form</u> 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. trea <u>s</u> ure) 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 $\frac{1}{2}$ years.

2. Expressive language (talking)

Communicates in sentences with some grammatical errors e.g. omits a range of connecting words (e.g. 'so', 'if'), and/or pronouns (e.g. 'himself', 'their'), and/or word endings (e.g. 'est', 'er', 'ly').

Occasional/consistent difficulty finding the correct words to use (e.g. some overuse of 'this', 'that', 'here').
Attempts to talk about events in the past or future but may have difficulty sequencing all events or providing adequate detail (e.g. in news time or when telling a story).
Expresses meaning which may sometimes be ambiguous to the listener.
3. Receptive language (comprehension)
Occasional/consistent difficulty with carrying out complex instructions.
Difficulty with verbal reasoning/problem solving. For example, answering 'how', 'what may happen if', 'why' questions.
Unable to let adults know when a question or instruction has not been understood.
Some gaps in concept knowledge such as: spatial (e.g. 'left', 'right', 'in front', 'behind') descriptive (e.g. 'pointy', 'sharp') and linguistic (e.g. 'first', 'second') concepts.
4. Pragmatics (social language)
Needs assistance to hold a conversation with adults and peers.
Limited range of conversation topics and/or requires assistance to select from a variety of conversational topics (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 <u>cahs.health.wa.gov.au/CDSreferrals</u> or via email as directed by the child's clinician.

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