Speech Pathology Referral Information for Year One Children
Metropolitan Child Development Service

Child’s Name: ___________________________ Child’s Date of Birth: __________

This checklist is designed to provide additional information to support a referral to Speech Pathology at the 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 form must be accompanied by a CDS Referral Form containing a full description of the child’s communication 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, consider also completing the ‘Checklist for children for whom English is an additional language’.

1  **Articulation (Speech Sounds)**
   - Some/all listeners have difficulty understanding in a known context.
   - Difficulties in producing at least two speech sounds expected for age (see speech development guide overleaf). Please list examples on CDS Referral Form.

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 (e.g. 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.
- Needs assistance to select a variety of conversational topics and/or has a limited range of conversation topics.

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.
  Please recommend that the child sees the GP for an ENT (Ear, Nose and Throat) referral in response to concerns about voice.

Speech Development Guide
The table below provides an indication of which speech sounds are typical for a particular age.

<table>
<thead>
<tr>
<th>Speech Sounds</th>
<th>Typically produced by the following age</th>
</tr>
</thead>
<tbody>
<tr>
<td>p, b, t, d, h, w, y, m, n, ng</td>
<td>3 years of age</td>
</tr>
<tr>
<td>k, g, s, f, sh</td>
<td>4 years of age</td>
</tr>
<tr>
<td>ch, j, l, s blends (e.g. sp, st)</td>
<td>4–6 years of age</td>
</tr>
<tr>
<td>l blends (e.g. bl, cl), lisp</td>
<td>5 years</td>
</tr>
<tr>
<td>r, r blends (e.g. tr, gr), v</td>
<td>6 years</td>
</tr>
<tr>
<td>th</td>
<td>8 years</td>
</tr>
</tbody>
</table>

*Adapted from Kilminister and Laird’s (1978) study of Australian Children. The ages are a guide of when 75% of children used the speech sound listed accurately.

Please add any other comments regarding the child’s strengths or areas of difficulty to the CDS Referral Form

Name: ______________________________________________________________________

Agency/School: ______________________________________________________________

Agency/School Address: _________________________________________________________

Agency/School phone number: __________________________________________________

Email: ______________________________________________________________________

Preferred method and time of contact: ___________________________________________

Please return to the Child Development Service:
POST: PO BOX 1095 West Perth 6872
Fax: 9426 7676
E-mail: childdevelopmentservice@health.wa.gov.au
For more information contact the Child Development Service on 1300 551 827.