Speech Pathology Referral Information for Pre-Primary 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)**
   - Uses a limited range of connecting words such as ‘but’, ‘so’.
   - Incorrect use of pronouns. For example, ‘her’ used for ‘she’.
   - Difficulty with word endings (e.g. ‘ing’, ‘ed’, ‘er’, ‘est’).
   - Sentences sound immature in comparison to peers.
   - Vocabulary difficulties. For example, overuses non-specific words such as ‘this’ and ‘there’, has a restricted vocabulary and/or presents with word finding difficulties (difficulties naming objects).
   - Difficulty telling stories or sharing news. Difficulties may include difficulties sequencing events, omission of events, simple sentences, unable to stay on topic.

3  **Receptive Language (Comprehension)**
   - Difficulty, or may require assistance, in following 3-part instructions (e.g. ‘pack away your pencils, push your chair in and then wait at the door’).
   - Difficulty answering a range of ‘what’, ‘where’, ‘who’ questions accurately.
   - Does not attempt, or provides irrelevant responses to ‘how’ and ‘why’ questions.
   - Shows inconsistent understanding of several concepts such as; place (e.g. between, next to), descriptive (e.g. heavy, dry), linguistic (e.g. first, before) and comparative (e.g. same/different).
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 in settings other than school).

5 Stuttering
- Stuttering observed or reported by carer e.g. repetitions (e.g. ‘mu, mu, mummy’), prolongations (e.g. ‘Mmmmmmmummy’) 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.

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