



Speech Pathology Referral Information for Kindergarten 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

Note a lisp ('s' produced as 'th') is age/developmentally appropriate until 4½ years of age.

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'.
- Uses telegraphic speech (abbreviated speech using only key content words). For example 'he riding bike'.
- Verb tense errors in sentences (e.g. 'ing', 'ed'). For example, 'I pat those cats'.
- Mixes up the order of words in sentences.
- Vocabulary difficulties. For example; overuses nonspecific words such as 'this' and 'there', has a limited vocabulary and/or presents with word finding difficulties (difficulties naming common objects).
- Difficulty telling stories or sharing news. Attempts may be simple and/or out of sequence.

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 in settings other than school).

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.

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

*Adapted from Kilminster 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: childdevelopmentsservice@health.wa.gov.au

For more information contact the Child Development Service on 1300 551 827.