



Speech Pathology referral information for Kindergarten children

Child Development Service

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 form 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 for children for whom English is an additional language' should be completed in consultation with the parents/carers.

1) Articulation (Speech Sounds)

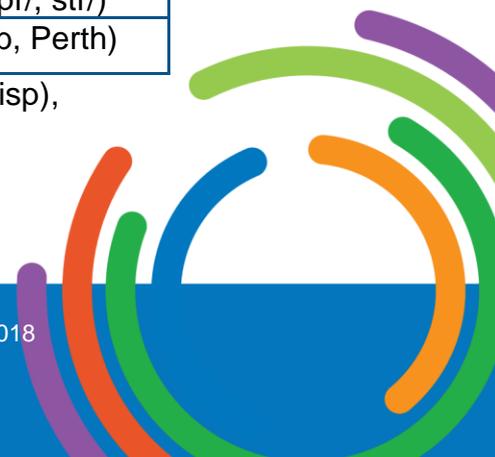
- Some/all listeners have difficulty understanding in a known context
- Difficulties in producing at least two speech sounds expected for age (see speech development guide overleaf) - Please list examples on the CDS referral form

Speech Sound Development Guide

Most children can produce *most* speech sounds correctly by 5 years of age. 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. 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 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'.
- Verb tense errors in sentences (e.g. 'ing', 'ed'). For example, 'I pat those cats'.
- 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.
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 return this checklist and CDS referral form to childdevelopmentsservice@health.wa.gov.au

This document can be made available in alternative formats on request for a person with a disability.

This publication is provided for general education and information purposes.
Contact a qualified healthcare professional for any medical advice needed.

