



Speech Pathology referral information for Pre-Primary 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 checklist 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)

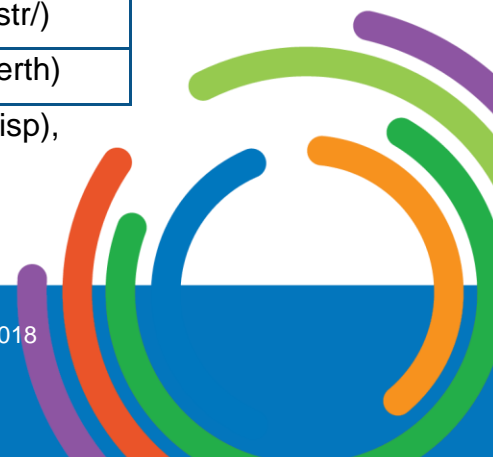
- Some/all listeners have difficulty understanding in a known context.
- Difficulties in producing at least two speech sounds expected for age (see speech development guide overleaf). Please list examples on CDS Referral Form.

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 connecting words such as 'but', 'so'. For example, 'The boy crying he go to mummy'.
- Incorrect use of pronouns. For example, 'her' used for 'she'.
- Difficulty with word endings (e.g. 'er', 'est') and/or verb tense errors (e.g. 'ing', 'ed'). For example, 'The man is tall than the boy'; 'The man is drive truck'
- Limited vocabulary and/or presents with word finding difficulties (difficulties naming common objects). For example, overuses nonspecific words such as 'this' and 'there'.
- Sentences are immature in comparison to peers.
- Difficulty with sharing news and/or telling stories. For example, presenting with difficulties in recall or sequence of events, use of 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 a variety of 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 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.

