



# Speech Pathology referral information for Year One 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

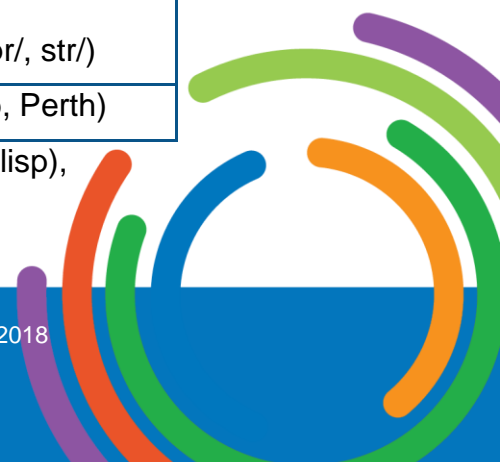
Most children can produce *most* speech sounds correctly by 5 years of age. Acquisition can be variable across children and depends on *many* factors. By their 4<sup>th</sup> birthday children should be able to be understood by unfamiliar people most of the time. **85 - 90% of children** should have the following speech sounds by these birthdays:

By their X birthday	Age of Acquisition of Speech Sounds
By their 3 <sup>rd</sup> birthday	m n h p b d k g w f
By their 4 <sup>th</sup> birthday	+ t y l s* sh
By their 5 <sup>th</sup> birthday	+ v z zh (e.g. treas <u>u</u> re) ch j r
By their 6 <sup>th</sup> birthday	+ voiced th (e.g. that, the) + most blends (e.g. /sp/, /fl/, /pr/, str/)
By their 7 <sup>th</sup> 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

Sources:

Children's Consonant Acquisition in 27 Languages: A Cross-Linguistic Review (McLeod & Crowe), 2018  
Using Developmental Norms for Speech Sounds as a Means of Determining Treatment Eligibility in Schools (Storkel), 2019  
Normal Acquisition of Consonant Clusters (McLeod, van Doorn & Reed), 2001



## 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. For example, 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.
- Limited range of conversation topics and/or requires assistance to select from a variety of conversational topics (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](mailto: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.

