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 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:

<table>
<thead>
<tr>
<th>By their X birthday</th>
<th>Age of Acquisition of Speech Sounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>By their 3rd birthday</td>
<td>m n h p b d k g w f</td>
</tr>
<tr>
<td>By their 4th birthday</td>
<td>+ t y l s* sh</td>
</tr>
<tr>
<td>By their 5th birthday</td>
<td>+ v z zh (e.g. treasure) ch j r</td>
</tr>
<tr>
<td>By their 6th birthday</td>
<td>+ voiced th (e.g. that, the)</td>
</tr>
<tr>
<td></td>
<td>+ most blends (e.g. /sp/, /fl/, /pr/, str/)</td>
</tr>
<tr>
<td>By their 7th birthday</td>
<td>+ voiceless th (e.g. e.g. thumb, Perth)</td>
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*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)**
   - 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. ‘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.

Name: __________________________
Agency/School: __________________________
Agency/School address: __________________________
Agency/School phone number: __________________________
Email: __________________________

Please return this checklist and CDS referral form to childdevelopmentservice@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.