



**SPEECH PATHOLOGY REFERRAL REPORT  
LANGUAGE DEVELOPMENT CENTRE PLACEMENT  
KINDERGARTEN 2022**

**STUDENT DATA**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GENDER:**  Male  Female

**CHRONOLOGICAL AGE AT TIME OF ASSESSMENT:** \_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**IS THIS CHILD AN AUSTRALIAN CITIZEN OR PERMANENT RESIDENT:**  Yes  No

NB: If the applicant is not an Australian Citizen/Permanent Resident you must contact TIWA on 9218 2100 to discuss eligibility for LDC enrolment prior to submitting the referral

**DOES THIS CHILD COME FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND?**

Yes → Please Complete the Questionnaire in Appendix 1  No → Do not complete Appendix 1

**IS THIS CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER BACKGROUND?**

Yes  No

**IS THIS CHILD UP TO DATE WITH THEIR IMMUNISATIONS, ON AN APPROVED CATCH-UP SCHEDULE, OR HAVE A MEDICAL EXEMPTION?**  Yes  No

**HOME ADDRESS:** \_\_\_\_\_

**DAY CARE:** \_\_\_\_\_

**MONTH AND YEAR OF FIRST EVER S.P. CONTACT:** \_\_\_\_\_

**PREVIOUS THERAPY:**  None – assessment only  Minimal contact/Indirect contact  Regular intervention

**WHO HAS INITIATED THE REFERRAL?**  Parent  Speech Pathologist  Other \_\_\_\_\_

**REFERRER INFORMATION**

**REFERRING SPEECH PATHOLOGIST:**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PAEDIATRICIAN/ MEDICAL OFFICER /PSYCHOLOGIST:**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT/CARER INFORMATION**

**MOTHER/CARER 1:** \_\_\_\_\_ **FATHER/CARER 2:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CASE WORKER (if applicable):** \_\_\_\_\_

**PARENT/CARER CONSENT**

I have read the above details and declare them to be true and correct. I wish this application for placement at the \_\_\_\_\_ Language Development Centre to be considered. I understand that the referral does not guarantee placement. I am prepared to support and assist with my child's educational program should she/he be accepted.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOES THE CHILD HAVE:**

An intellectual disability?

Yes  No

Severe epilepsy?

Yes  No

Autism or Asperger's Syndrome?

Yes  No

Global Developmental Delay?

Yes  No

**OTHER AGENCIES INVOLVED (if known):**

Paediatrician / Medical Officer

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Developmental assessment completed and copy attached

Occupational Therapist

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physiotherapist

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Disability Services Commission (DSC)

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

National Disability Insurance Agency (NDIA)

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Autism Association

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The Ability Centre (formerly Centre for Cerebral Palsy)

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School of Special Educational Needs Sensory (SSENS)

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other(s)

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**TRANSPORT REQUIREMENTS**

- This information is to help inform school planning only.
- Transport information provided does not define or limit families' transport options upon enrolment.
- Please note that students attending full time LDC placements (i.e. Pre-primary, Years One and Year Two students) are prioritised for seats on the bus over those attending part-time placements (i.e. Kindergarten students).

Education Department transport (school bus service) is required because access to other transport is limited.

Education Department transport (school bus service) is preferable, but not essential.

No Education Department transport is required.

Please note: Your own case history form or a case history within your assessment report may be attached as long as the following details are addressed within the form and the information is current:

**FAMILY DETAILS** (eg current family status, custody/guardianship, living arrangements, siblings).

**PARENT'S/CARER'S ATTITUDE TO REFERRAL:**  Eager  Supportive  Accepting  Indifferent  Hesitant

**FAMILY HISTORY OF SPEECH, LANGUAGE, LEARNING DIFFICULTY AND/OR DEVELOPMENTAL DELAY**

### RELEVANT MEDICAL & CASE HISTORY

#### Birth History

**Did/does your child have difficulty with feeding or eating?** (suckling, gagging, reflux, difficulty with solids, limited foods)

#### Speech and Language Development/milestones

Did your child make lots of cooing and babbling sounds ("ba-ba", "ga-ga") before learning to talk?  Yes  No

First words at:  9-18mt  18mt-2yrs  2-3yrs  after 3yrs  Not yet

Word Combinations at:  18mt-2yrs  2-2;6yrs  2;6-3yrs  3-4yrs  Not yet

Other comments:

**Hearing** (eg date last assessed, results, history of middle ear infection, grommets etc)

#### Motor Development/milestones (gross and fine motor)

Sat \_\_\_\_\_ Crawled \_\_\_\_\_ Walked \_\_\_\_\_

Other comments: \_\_\_\_\_

**Vision** (eg date last assessed, results)

**Medical Conditions, Operations etc**

Is your child toilet trained during the day?  Yes  No

**Other Comments** \_\_\_\_\_

Please complete all relevant subtests in order to obtain receptive and expressive language scores.

\*Please attach the raw data.

D.O.A.: ___/___/___	R.S.	S.S.	Percentile Rank
Age at Ax: ___; ___			
Sentence Structure			
Word Structure			
Expressive Vocabulary			
Concepts and Following Directions			
Recalling Sentences			
Basic Concepts			
Word Classes – Receptive			
Word Classes - Expressive			
<b>CORE LANGUAGE SCORE</b>			
<b>RECEPTIVE LANGUAGE SCORE</b>			
<b>EXPRESSIVE LANGUAGE SCORE</b>			

Please add any relevant comments about student performance and/or behaviour during the CELF P2

Physical Activity  Appropriate  Very active  Passive

Attention to Task  Most of the time  required some breaks and redirection  required frequent breaks and redirection

Response Rate  Appropriate  Too fast  Delayed

**RENFREW ACTION PICTURE TEST**

**This is a compulsory component of the referral**

Please provide the child's responses to the stimulus pictures in the Renfrew Action Picture Test (RAPT)

\*Scoring of this test is optional.

Information Score	Mean for age OR Percentile Rank	Grammar Score	Mean for age OR Percentile Rank

Does the child present with:  CAS  Phonological disorder  Delayed phonology

**Please rate both severity and intelligibility**

**Severity rating:**

**AND**

**Intelligibility rating:**

Severe

Mostly unintelligible

Moderate

Mostly intelligible at 1-2 word level if context is known

Mild

Mostly intelligible at discourse level if context is known

Age appropriate/resolving

Intelligible at discourse level whether or not context is known

Please comment on phonological processes if evident (attach any raw data or speech reports if available)

Was accessing speech pathology services a priority for the family/carers?  Yes  No

If yes, please list intervention focus and comment on degree of improvement:

Has the child used an alternative or augmentative communication system?

Yes currently  Yes previously  No

Please specify communication system and provide details: \_\_\_\_\_

#### PRAGMATIC AND ADDITIONAL INFORMATION

**Does the child have difficulty with joint attention?**

Yes  Variable  No

**Does the child have difficulty maintaining appropriate eye contact?**

Yes  Variable  No

**Does the child have flat affect or display a mismatch between words/feelings and facial expression?**

Yes  Variable  No

**Is the child's play repetitive or rote?**

Yes  Variable  No

**Does the child display word finding difficulties?**

Yes  Variable  No

**Does the child use jargon?**

Yes  Variable  No

**The child's communication style is:**

Passive  Active  Dominating  Non-communicative  Other \_\_\_\_\_

**If the child's conversation is restricted to a particular topic?**  Yes  Sometimes  No

**If yes, please state the topic:** \_\_\_\_\_

**Is the child aware of comprehension breakdown?**

Yes  Variable  No

**If yes, what strategies are evident?**  Requests for repetition  Non-verbal signs  Other

**If possible, please comment on the child's attention and social skills:**

**LANGUAGE SAMPLE:**

For some children with language impairment standardised assessment measures alone are not sufficient in representing their difficulties in a conversational language context. In cases when a child's functional language performance is lower than their language indexes on the CELF-P2 or when a child performs exceptionally low on the CELF, it is recommended that referring clinicians provide a **representative language sample** to assist us in processing the referral.

Please provide a representative language sample that follows the child's lead and reflects the child's typical performance.

- The language sample should contain a **minimum of 25** of the child's utterances.
- **Please record BOTH the child's and the conversational partner's utterances.**
- Make note of any non-verbals such as gestures and any contextual support provided.
- If the child is largely non-verbal please make comments regarding their communicative intent.

*\*A video or audio recording of the interaction can be submitted in lieu of a transcription.*

**Context:** \_\_\_\_\_

**Does the child have a history of stuttering or voice issues?**

Yes       No

If yes, please comment

**THERAPY TO DATE**

	Number of sessions	Number of blocks	Goals of Therapy
<b>Individual</b>			
<b>Group</b>			
<b>Other</b>			

**Therapy attendance:**  regular    inconsistent    poor      **Progress:**  good    moderate    limited

**Please comment about the child's progress in therapy:**

**SUMMARY AND ADDITIONAL COMMENTS**

The summary may include brief information regarding:

- whether the child's language difficulties are within the receptive and/or expressive domain, and whether the applicant presents with additional speech and/or fluency difficulties;
- the severity of the child's language and/or speech disorder (e.g. severe, moderate, mild);
- the child's strengths and weaknesses in different language areas (e.g. comprehension, semantics, syntax, narrative, phonological awareness or pragmatics); and
- the impact of the child's language difficulties in the home or educational environment (e.g. peer interactions, ability to access the curriculum).

**Clinician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_