



# Talking Matters

## Speech Pathology Referral Form 18 Months

If the child is not able to complete all of these tasks, or has any of the **RED FLAGS**, complete this form and fax to (08) 8219 0128 or phone Talking Matters (08) 8255 7137 for an appointment

YES ~~##~~NO

- Uses at least 20 words consistently even if not clear (e.g. labeling food, toys, people)
- Makes at least 4 different consonant sounds (eg. p, b, m, n, d, g, w, h)
- Responds with words or gestures to simple questions (eg. "Where's teddy?", "What's that?")
- Understands the concepts of "in & out", "off & on"
- Points to three or more body parts when asked
- Points to familiar pictures using one finger

YES NO

- Enjoys being read to and sharing simple books
- Demonstrates some pretend play with toys (eg. gives teddy a drink, pretends a bowl is a hat)
- Walks alone (feet may have wide gait)
- Walks up and down stairs with assistance
- Climbs onto low step, table or stool
- Likes to retrieve and carry objects
- Takes off own socks and hat
- Fits objects together (eg. pegs, nesting cups)
- Brings spoon to mouth in attempts to self feed

### Red Flags

- The child has lost any previously obtained skills
- Inconsistent/no response when name is called
- Rarely engages socially (eg. smiling, eye contact)
- More interested in looking at objects than people's faces
- Difficulty eating solids or swallowing
- Lack of interest in toys or plays with them in an unusual way (eg. lining up, spinning, opening/closing parts rather than using the toy as a whole)

- Preoccupation with unusual interests such as light switches, doors, fans, wheels

### STUTTERING

- Parents report child "stutters" using repetition of words (eg. "lll") or syllables (eg. "dadadaddy"), sound prolongations (eg. "mmmmummy") or blocks (eg. "b----all")

### FAMILY INFORMATION

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MOBILE PHONE NUMBER \_\_\_\_\_

REFERRED BY \_\_\_\_\_

PHONE \_\_\_\_\_

PRACTICE EMAIL \_\_\_\_\_

FAX \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_