



Talking Matters

Speech Pathology Referral Form 24 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 100 - 150 words
- Uses at least two pronouns (eg. "you", "we", "our")
- Consistently combines 2 to 4 words in short phrases (eg. "Daddy car", "Truck go up")
- Words are understood by others 50% - 60% of the time
- Forms words/sounds easily and effortlessly
- Follows two step instructions easily (eg. "Pick up the shoes and bring them to Mummy")
- Enjoys being around/playing near other children
- Begins to offer toys to others and copies other children's actions and words

YES NO

- Holds books the right way up and turns pages one at a time
- 'Reads' to stuffed animals or toys
- Walks up/down stairs unassisted
- Kicks ball forward
- Able to throw a small ball overarm.
- Undresses self
- Scribbles with crayons or pencils
- Eats a variety of foods
- Eats with spoon independantly, spilling little

Red Flags

- The child has lost any previously obtained skills, language or social skills
- Inconsistent/no response when name is called
- More interested in looking at objects than people's faces
- 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

- Talks in "scripts" from TV shows or books rather than in their own words
- Echoing what they hear others saying without understanding
- Have taught themselves to read

STUTTERING

- Parents report child "stutters" using repetition of words (eg. "I I I") or syllables (eg. "dadadaddy"), sound prolongations (eg. "mmmummy") 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 _____

ADDRESS _____ POST CODE _____