



Talking Matters

Speech Pathology Referral Form 36 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

- Understands "who", "what", "where", and "why" questions
- Creates long sentences (e.g. using 5 to 8 words)
- Talks about past events (e.g. trip to Grandparents' house, day at childcare)
- Tells simple stories
- Beginning interest in, and awareness of, rhyming
- Understood by most people outside of the family most of the time
- Names one or more colours
- Shows affection for favourite playmates
- Joins in play with a group of two or more peers

YES NO

- Engages in multi-step pretend play (e.g. pretending to cook a meal, repair a car, etc)
- Listens to stories or music for 5 minutes with adult
- Aware of the function of print (e.g. in menus, lists, signs)
- Walks up and down stairs using the handrail
- Gets up from squatting position without help
- Rides around on a tricycle, using pedals
- Stands on one foot with momentary balance
- Completes an easy puzzle (4-6 pieces)
- Copies a circle from a model

Red Flags

- The child has lost any previously obtained skills, language or social skills
- Inconsistent/no response when name is called
- Rarely engages socially (e.g. smiling, eye contact)
- More interested in looking at objects than people's faces
- Lack of interest in toys or plays with them in an unusual way (e.g. 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

- Echoing others' words
- Compulsions or rituals (has to perform activities in a special way or certain sequence: is prone to temper tantrums if rituals are interrupted)

STUTTERING

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