



Talking Matters

Speech Pathology Referral Form 48 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

- Follows directions involving 3 or more steps (eg. "get some paper, draw a picture, and give it to Mum")
- Uses adult-type grammar
- Tells stories with clear beginning, middle and end
- Attempts to solve problems with adults and other children using language
- Demonstrates increasingly complex imaginative play
- Understood by strangers almost all of the time
- Able to generate simple rhymes (eg. "cat-bat")

YES NO

- Matches some letters with their sounds (e.g. "letter T says "tuh")
- Counts to 5 or higher
- Participates in turn taking activities/games with 1-2 other peers (e.g. catch, snakes and ladders)
- Runs without falling/good coordination
- Draws a circle and square
- Cuts across paper with small scissors
- Puts shoes on correct feet
- Toilet trained
- Dresses and undresses without help
- Washes and dries face and hands without assistance

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 _____