



# Talking Matters

## Speech Pathology Referral Form 60 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 group directions (e.g. "all the boys get a toy")
- Understands directions involving "if...then" (e.g. "If you're wearing a red shirt, then line up for gym")
- Describes past, present and future events in detail
- Uses almost all of the sounds of their language with few or no errors
- Seeks to please his/her friends
- Shows increasing independence in friendships (e.g. may play at neighbours house by him/herself)
- Knows all the letters of the alphabet
- Identifies the sounds at the beginning of some words (e.g. "Pop starts with the "puh" sound")
- Plays with or at an activity for 20 minutes

YES NO

- Will play with a variety of toys/games/materials
- Walks up stairs alternating feet
- Hops with one foot without support
- Draws a stick person with at least 3 body parts (e.g. eyes, nose, mouth, head, body, arms and legs)
- Strings a small set of beads
- Holds crayon/pencil correctly (between thumb and forefinger)
- Prints first letter or more of name
- Cuts and pastes
- Is happy to be involved with messy activities (e.g. paint, playdough, glue)
- Pours milk/juice from jug without spilling

### Red Flags

- The child has lost any previously obtained skills, language or social skills
- No response when name is called, causing concern about hearing
- More interested in looking at objects than people's faces
- Difficulties with articulating any sounds (except /r/ and /th/ which are still age appropriate.
- Rarely engages socially (e.g. smiling, eye contact)
- Preoccupation with unusual interests such as light switches, doors, fans, wheels
- Compulsions or rituals (has to perform activities in a special way or certain sequence: is prone to temper tantrums if rituals are interrupted)
- Stuttering or voice difficulties
- Not easily understood by a stranger without a shared context

### 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 \_\_\_\_\_