



LITERACY CLINIC – CONTINUE TO GROW WITH US!

At Kids' Speech Therapy, we run intensive literacy clinics during the school holiday periods for children who are already receiving individual therapy. Our literacy clinics are super fun, and provide the perfect environment for children to consolidate skills learnt during their individual therapy sessions, in a group setting.

During the literacy clinic, we review principles from the PAL program while incorporating different themes such as narratives, sentence construction, punctuation and essay writing. We modify the content to ensure that our sessions are tailored for the children who are attending the clinic. Our literacy clinics are the perfect balance of work and play. We always include game based tasks to keep things fun, and encourage the children to provide us with feedback about which activities they enjoyed and what other topics they would like to focus on.

What: Intensive literacy clinic

Why: To focus on reading, spelling and writing skills

When:

- During the months of April, July, September and January
- Three hours per session for three days
- The clinic generally runs across both weeks of the holidays to give parents flexibility

Who: Children who are already receiving therapy from prep – grade 7

How: Small groups with a ratio of one speech pathologist to four to six children

TESTIMONIES FROM PARENTS AND KIDS

“As a parent, it’s fantastic to see your child learning and enjoying the process at the same time. My boy loves going to the literacy clinic and because it’s very intensive, we don’t need to do homework over the holidays, which is a bonus for me!”

“It was so much fun learning with other kids, I really liked playing the literacy games!”

Please contact us at info@kidsspeech.com.au for more information or if you are interested in securing a spot for your child as spaces are limited. Please note the clinic will only run if a minimum of three children are been scheduled to attend.



SPEECH, LANGUAGE & LITERACY CHECKLIST

Tick where appropriate and please consider referral to Kids' Speech Therapy for an assessment

Call us today on 0420 609 981 for a free fifteen minute phone consultation

PHONOLOGICAL AWARENESS

- Has trouble clapping/counting syllables in spoken words
- Doesn't understand or enjoy rhyme
- Struggles to link letters to their sounds

SPEECH PRODUCTION

- Substitutes sounds in words e.g. fing for thing, wabbit for rabbit
- Has trouble saying long or difficult words e.g. hippopotamus, specific, hypothesis
- Confuses similar sounding words with another e.g. empty/entry
- Makes frequent spoonerisms by mistake e.g. "boo blottle" for "blue bottle"
- Has difficulty with tongue twisters e.g. "she sells sea shells"

WORD FINDING

- Shows poor memory of classmates names
- Uses lots of "ums" "ahs" and pauses
- Frequently uses unspecific words e.g. things, stuff, it, what you call it
- Struggles to retrieve specific words e.g. calls a zebra a horse
- Shows difficulty remembering word sequences e.g. months of the year, alphabet

RECEPTIVE LANGUAGE

- Has trouble understanding and following instructions, requiring frequent repetition of commands
- Responds to only part of questions or instructions
- Has trouble predicting outcomes
- Struggles with spatial concepts e.g. left and right, above and below, in front and behind
- Has trouble understanding age appropriate stories

EXPRESSIVE LANGUAGE

- Makes errors in grammar e.g. "she falled over" instead of "she fell over"
- Demonstrates small vocabulary e.g. uses bad to mean naughty, mean, angry, insulting
- Struggles to explain or give instructions
- Stories are incomplete or confusing
- Uses short sentences and without detail
- Struggles to stay on topic or turn take in conversation



REFERRAL FORM

CLIENT'S DETAILS

Child's name: _____

Date of birth: _____

Phone number: _____

Address: _____

Parent's name: _____

Email: _____

Concerns - please tick as appropriate:

- Speech sound production
- Auditory comprehension
- Grammar
- Sentence structure
- Vocabulary

- Fluency
- Reading
- Spelling
- Social skills

CONSENT

As my child's parent/carer, I authorise Kids' Speech Therapy to provide Speech Pathology services for my child (child's name) _____ at either the clinic based in Sunnybank or at school during school hours as deemed suitable by the classroom teacher, learning support team and speech pathologist.

Additional request for use of recording devices for teaching and training purposes

I hereby grant Kids' Speech Therapy permission to audiotape, videotape or photograph my child during clinical sessions for teaching, training and educational purposes only.

Parent's name: _____

Signature: _____

Date: _____

REFERRER'S DETAILS

Name: _____

Phone number: _____

Indicate if you are the child's: Parent/GP/Paediatrician/teacher/other

Signature: _____

Date: _____

*Please note that by completing this form, you are consenting to phone/email contact from Kids' Speech Therapy. Referral forms can be downloaded from our website.