



**KIDS'
SPEECH**
THERAPY

56 Fairbank Street,
Sunnybank QLD 4109

0420 609 981

info@kidsspeech.com.au
www.kidsspeech.com.au

Please fill the following form out and email a copy to info@kidsspeech.com.au to refer a child.

**TALK
PLAY
GROW**



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.