



SPEECH PATHOLOGY REFERRAL REPORT LANGUAGE DEVELOPMENT CENTRE PLACEMENT YEAR ONE 2022

STUDENT DATA

NAME: _____ DOB: _____ GENDER: Male Female

CHRONOLOGICAL AGE AT TIME OF ASSESSMENT: _____ POST CODE: _____

IS THE CHILD AN AUSTRALIAN CITIZEN OR PERMANENT RESIDENT: Yes No

NB: If the applicant is not an Australian Citizen/Permanent Resident you must contact TIWA on 9218 2100 to discuss eligibility for LDC enrolment prior to submitting the referral

DOES THIS CHILD COME FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND?

Yes → Please Complete the Questionnaire in Appendix 1 No → Do not complete Appendix 1

IS THIS CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER BACKGROUND?

Yes No

HOME ADDRESS: _____

CURRENT SCHOOL: _____

MONTH AND YEAR OF FIRST EVER S.P. CONTACT: _____

PREVIOUS THERAPY: None – assessment only Minimal contact/Indirect contact Regular intervention

WHO HAS INITIATED THE REFERRAL? Parent Speech Pathologist Other _____

REFERRER INFORMATION

REFERRING SPEECH PATHOLOGIST:

Name: _____

Organisation: _____

Address: _____

Post Code: _____ Phone: _____

Email: _____

PAEDIATRICIAN/ MEDICAL OFFICER /PSYCHOLOGIST:

Name: _____

Organisation: _____

Address: _____

Post Code: _____ Phone: _____

Email: _____

PARENT/CARER INFORMATION

MOTHER/CARER 1: _____ FATHER/CARER 2: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

EMAIL: _____ EMAIL: _____

CASE WORKER (if applicable): _____

PARENT/CARER CONSENT

I have read the above details and declare them to be true and correct. I wish this application for placement at the _____ Language Development Centre to be considered. I understand that the referral does not guarantee placement. I am prepared to support and assist with my child's educational program should she/he be accepted.

Signed: _____ Date: _____

DOES THE CHILD HAVE:

An intellectual disability?

Yes No

Severe epilepsy?

Yes No

Autism or Asperger's Syndrome?

Yes No

Global Developmental Delay?

Yes No

OTHER AGENCIES INVOLVED (if known):

Paediatrician / Medical Officer

Contact Name: _____ Phone Number: _____

Developmental assessment completed and copy attached

Occupational Therapist

Contact Name: _____ Phone Number: _____

Physiotherapist

Contact Name: _____ Phone Number: _____

Disability Services Commission (DSC)

Contact Name: _____ Phone Number: _____

National Disability Insurance Agency (NDIA)

Contact Name: _____ Phone Number: _____

Autism Association

Contact Name: _____ Phone Number: _____

The Ability Centre (formerly Centre for Cerebral Palsy)

Contact Name: _____ Phone Number: _____

School of Special Educational Needs Sensory (SSENS)

Contact Name: _____ Phone Number: _____

Other(s)

Contact Name: _____ Phone Number: _____

TRANSPORT REQUIREMENTS

- This information is to help inform school planning only.
- Transport information provided does not define or limit families' transport options upon enrolment.
- Please note that students attending full time LDC placements (i.e. Pre-primary, Years One and Year Two students) are prioritised for seats on the bus over those attending part-time placements (i.e. Kindergarten students).

Education Department transport (school bus service) is required because access to other transport is limited.

Education Department transport (school bus service) is preferable, but not essential.

No Education Department transport is required.

Please note: Your own case history form or a case history within your assessment report may be attached **as long as the following details are addressed within the form and the information is current:**

FAMILY DETAILS (eg current family status, custody/guardianship, living arrangements, siblings).

PARENT'S/CARER'S ATTITUDE TO REFERRAL: Eager Supportive Accepting Indifferent Hesitant

FAMILY HISTORY OF SPEECH, LANGUAGE, LEARNING DIFFICULTY AND/OR DEVELOPMENTAL DELAY

RELEVANT MEDICAL & CASE HISTORY

Birth History

Did/does your child have difficulty with feeding or eating? (suckling, gagging, reflux, difficulty with solids, limited foods)

Speech and Language Development/milestones

Did your child make lots of cooing and babbling sounds ("ba-ba", "ga-ga") before learning to talk? Yes No

First words at: 9-18mt 18mt-2yrs 2-3yrs after 3yrs Not yet

Word Combinations at: 18mt-2yrs 2-2;6yrs 2;6-3yrs 3-4yrs Not yet

Other comments:

Hearing (eg date last assessed, results, history of middle ear infection, grommets etc)

Motor Development/milestones (gross and fine motor)

Sat _____ Crawled _____ Walked _____

Other comments:

Vision (eg date last assessed, results)

Medical Conditions, Operations etc

Is your child toilet trained? Yes No

Other Comments

CELF-PRESCHOOL 2 (YOUNGER THAN 5 YEARS) OR CELF-5 (OLDER THAN 5 YEARS)

Please complete all relevant subtests in order to obtain receptive and expressive language scores.

**Please attach the raw data.*

CELF-PRESCHOOL 2

D.O.A.: ___/___/___ Age at Ax: ___;___	R.S.	S.S.	Percentile Rank
Sentence Structure			
Word Structure			
Expressive Vocabulary			
Concepts and Following Directions			
Recalling Sentences			
Basic Concepts			
Word Classes – Receptive			
Word Classes - Expressive			
CORE LANGUAGE SCORE			
RECEPTIVE LANGUAGE SCORE			
EXPRESSIVE LANGUAGE SCORE			

CELF-5

D.O.A.: ___/___/___ Age at Ax: ___;___	R.S.	S.S.	Percentile Rank
Sentence Comprehension			
Word Structure			
Word Classes			
Following Directions			
Formulated Sentences			
Recalling Sentences			
CORE LANGUAGE SCORE			
RECEPTIVE LANGUAGE SCORE			
EXPRESSIVE LANGUAGE SCORE			

Please add any relevant comments about student performance and/or behaviour during the CELF P2 OR CELF-5

Physical Activity Appropriate Very active Passive

Attention to Task Most of the time required some breaks and redirection required frequent breaks and redirection

Response Rate Appropriate Too fast Delayed

FLUENCY AND VOICE

Does the child have a history of stuttering or voice issues?

Yes No

If yes, please comment

This is a compulsory component of the referral

Please provide the child's responses to the stimulus pictures in the Renfrew Action Picture Test (RAPT)

**Scoring of this test is optional.*

Information Score	Mean for age OR Percentile Rank	Grammar Score	Mean for age OR Percentile Rank

NARRATIVE

Renfrew Bus Story: Please administer according to test instructions. *Scoring of this test is optional.*

**Scoring of the BUS STORY is optional.*

Information Score	Information Score Mean	Sentence Length	Sentence Length Mean

Using The Bus Story

Ask the following questions and record the child's response in the space provided.

Say: "Let's look at the story again."

Please note any prompts by writing a *P*. Score the child's original response to the question (i.e. not the prompted response).

Please rate the responses:

3 = Fully Adequate 2 = Adequate 1 = Ambiguous 0 = Inadequate

PG	QUESTION / INSTRUCTION	LEVELS			
		I	II	III	IV
1.	Who was fixing the bus?				
	Why do you think the bus ran away?				
	What could the driver do now?				
2.	What's that? (point to train)				
	How are the bus and train different?				
	How are the bus and train the same?				
	Point to the train and then the policeman.				
3.	Finish this: The bus jumped over the ...				
	Find the cow.				
	What is a cow?				
	How can we tell the bus is having a good time?				
4.	What's happening here? (point to bus going into pond)				
	How did the bus get out?				
	What do you think the bus driver said to the bus?				
	Where will the driver take the bus now?				
	Tell me something you can drive but not a bus.				
TOTAL RAW SCORE (Divide the total score by the bottom number to get the average score).		<u> </u> 3	<u> </u> 4	<u> </u> 5	<u> </u> 4
AVERAGE SCORE					

Does the child present with: CAS Phonological disorder Delayed phonology

Please rate both severity and intelligibility

Severity rating:

AND

Intelligibility rating:

Severe

Mostly unintelligible

Moderate

Mostly intelligible at 1-2 word level if context is known

Mild

Mostly intelligible at discourse level if context is known

Age appropriate/resolving

Intelligible at discourse level whether or not context is known

Please comment on phonological processes if evident (attach any raw data or speech reports if available)

Was accessing speech pathology services a priority for the family/carers? Yes No

If yes, please list intervention focus and comment on degree of improvement:

Has the child used an alternative or augmentative communication system?

Yes currently Yes previously No

Please specify communication system and provide details:

PRAGMATIC AND ADDITIONAL INFORMATION

Does the child have difficulty with joint attention?

Yes Variable No

Does the child have difficulty maintaining appropriate eye contact?

Yes Variable No

Does the child have flat affect or display a mismatch between words/feelings and facial expression?

Yes Variable No

Is the child's play repetitive or rote?

Yes Variable No

Does the child display word finding difficulties?

Yes Variable No

Does the child use jargon?

Yes Variable No

The child's communication style is:

Passive Active Dominating Non-communicative Other

If the child's conversation is restricted to a particular topic? Yes Sometimes No

If yes, please state the topic:

Is the child aware of comprehension breakdown?

Yes Variable No

If yes, what strategies are evident? Requests for repetition Non-verbal signs Other

If possible, please comment on the child's attention and social skills:

LANGUAGE SAMPLE:

For some children with language impairment standardised assessment measures alone are not sufficient in representing their difficulties in a conversational language context. In cases when a child's functional language performance is lower than their language indexes on the CELF-P2 or when a child performs exceptionally low on the CELF, it is recommended that referring clinicians provide a **representative language sample** to assist us in processing the referral.

Please provide a representative language sample that follows the child's lead and reflects the child's typical performance.

- The language sample should contain a **minimum of 25** of the child's utterances.
- **Please record BOTH the child's and the conversational partner's utterances.**
- Make note of any non-verbals such as gestures and any contextual support provided.
- If the child is largely non-verbal please make comments regarding their communicative intent.

**A video or audio recording of the interaction can be submitted in lieu of a transcription.*

Context: _____

THERAPY TO DATE

	Number of sessions	Number of blocks	Goals of Therapy
Individual			
Group			
Other			

Therapy attendance: regular inconsistent poor Progress: good moderate limited

Please comment about the child's progress in therapy:

SUMMARY AND ADDITIONAL COMMENTS

The summary may include brief information regarding:

- whether the child's language difficulties are within the receptive and/or expressive domain, and whether the applicant presents with additional speech and/or fluency difficulties;
- the severity of the child's language and/or speech disorder (e.g. severe, moderate, mild);
- the child's strengths and weaknesses in different language areas (e.g. comprehension, semantics, syntax, narrative, phonological awareness or pragmatics); and
- the impact of the child's language difficulties in the home or educational environment (e.g. peer interactions, ability to access the curriculum).

Clinician signature: _____

Date: _____