	SPEECH PATHOLOGY REFERRAL REPORT
Department of Education GOVERNMENT OF WESTERN AUSTRALIA	**LANGUAGE DEVELOPMENT CENTRE/SCHOOL PLACEMENT** **PRE-PRIMARY 2024**

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: _____

DAY CARE: _____

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:	**PAEDIATRICIAN/ MEDICAL OFFICER /PSYCHOLOGIST:**
Name: _____	Name: _____
Organisation: _____	Organisation: _____
Address: _____	Address: _____
_____	_____
Post Code: _____ Phone: _____	Post Code: _____ Phone: _____
Email: _____	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/School 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:** _____

Please complete all relevant subtests in order to obtain receptive and expressive language scores.
Please attach raw data. You may attach the scored raw data in lieu of filling out the CELF table.

☐ Raw data with scoring is attached.

CELF-PRESCHOOL 3

D.O.A.:_____/_____/_____ Age at Ax: _____;_____	R.S.	S.S.	Percentile Rank
Sentence Structure			
Word Structure			
Expressive Vocabulary			
Following Directions			
Recalling Sentences			
Basic Concepts			
Word Classes – Receptive			
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 P3 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

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) or attach the raw data.

☐ Raw data for the RAPT is attached.

Scoring of the RAPT is optional.

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

NARRATIVE

Renfrew Bus Story Please administer the Bus Story according to test instructions and transcribe the child's responses or attach the raw data.

* If you have completed a different narrative assessment you may attach that raw data in lieu of the administering the Bus Story.

☐ Raw data for the Bus Story is attached.

☐ Raw data for an alternative narrative retell is attached.

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).

If you have completed a narrative comprehension assessment for an alternative narrative you may attach that in lieu of administering the Bus Story comprehension questions.

☐ Data for an alternative Narrative Comprehension Assessment is attached.

Please rate the responses:

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

PG	QUESTION / INSTRUCTION	I	II	III	IV
			LEVELS		
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).	___ 3	___ 4	___ 5	___ 4
	AVERAGE SCORE				

Does the child present with: ☐CAS ☐Phonological disorder ☐Delayed phonology

Please rate both severity and intelligibility at the time of LDC referral

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)

Has the child used an alternative or augmentative communication system?

☐Yes currently ☐Yes previously ☐No

Please specify communication system and provide details: _____

Does the child have difficulty with joint attention?
☐Yes ☐Variable ☐No

Which one describes the child's usual use of eye contact?
☐Well matched to the context ☐Fleeting ☐Directed away from the conversational partner

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 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:

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 of the interaction can be submitted in lieu of a transcription.

In cases when a child's functional language performance is lower than their language indexes on the CELF-P3/5 or when a child's performance on the CELF-P3/5 exceptionally low but their functional skills are comparatively stronger, it is recommended that referring clinicians provide a **representative language sample video** to assist us in processing the referral.

☐A video of the interaction is attached.

Context: _____

FLUENCY AND VOICE

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

☐No   ☐Yes *Please comment*

THERAPY TO DATE

Please comment on how much therapy the child has received.

E.g. **"Fortnightly 45 minute individual sessions for the last three months focussing on sentence structures."**

You don't need to provide the exact number of sessions or precise therapy goals.

Therapy attendance: ☐regular ☐inconsistent ☐poor   **Progress:** ☐good ☐moderate ☐limited

Please comment about the child's progress in therapy:

ADDITIONAL COMMENTS

Please provide us with your clinical impressions of the child, particularly their functional language skills.

Clinician signature: **Date:**