



SPEECH PATHOLOGY REFERRAL REPORT
LANGUAGE DEVELOPMENT CENTRE/SCHOOL PLACEMENT
PRE-PRIMARY 2026

STUDENT DATA

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: [ ] Male [ ] Female

CHRONOLOGICAL AGE AT TIME OF ASSESSMENT: \_\_\_\_\_ POST CODE: \_\_\_\_\_

IS THIS 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

IS THIS CHILD UP TO DATE WITH THEIR IMMUNISATIONS, ON AN APPROVED CATCH-UP SCHEDULE, OR HAVE A MEDICAL EXEMPTION? [ ] 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:

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/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: \_\_\_\_\_

## REFERRAL REQUIREMENTS CHECKLIST

*The person responsible for completing the documents must also ensure they are sent to the LDC.*

### **SPEECH PATHOLOGIST TO COMPLETE:**

- 2026 LDC Speech Pathology Referral Report PRE-PRIMARY** and all associated assessments.
- 2026 LDC Case History Form** or alternative case history form (essential).
- 2026 LDC CALD Questionnaire** completed by a speech pathologist and the child's parent/carer if the child has a culturally and linguistically diverse background. *If a family identifies as Aboriginal or Torres Strait Islander, this form does not need to be completed unless English or Aboriginal English is not the primary language.*
- Raw CELF form and additional raw data.**
- Video** (optional but highly recommended). If possible, please provide a short video to support the referral. Guidelines for the video:
  - Recommended length: 2 to 5 minutes
  - Should capture play or conversational interaction between the child and a clinician or caregiver
  - Both the child and the interaction partner should be visible in the frame for most of the video.

### **PSYCHOLOGIST TO COMPLETE:**

- A Current Cognitive Assessment (mandatory)**

A nonverbally administered cognitive assessment (UNIT 2; LEITER 3) with contemporary normative data is preferred. These tests provide a fair assessment of intelligence for students who have speech and language disorders.
- 2026 LDC Behaviour Checklist PP & Yr1** completed by a psychologist, the classroom teacher, and/or the child's parent/carer. *If a standardised assessment has been completed, please attach a copy.*
- 2026 LDC Teacher Questionnaire** completed by the child's classroom teacher.
- School Report** (most recent)
- Behaviour Management Plan** (if applicable)
- Individual Education Plan** (if applicable)

### **DUE DATES**

**Referrals for Pre-primary and Year 1:** Friday 12<sup>th</sup> September 2025 (Term 3, Week 8)

**CASE HISTORY FORM**

Please note: A comprehensive case history is a vital part of the referral. Please ensure a completed case history form is included with this referral to support the intake and assessment process.

The LDC case history form is attached.  An alternative case history form is attached.

**ADDITIONAL SERVICES****DOES THE CHILD HAVE:****Epilepsy?**

No  Yes \_\_\_\_\_

**Diabetes?**

No  Yes \_\_\_\_\_

**Severe Allergies?**

No  Yes \_\_\_\_\_

**Formal Diagnosis of Global Developmental Delay?**

No  Yes \_\_\_\_\_

*If Yes, please attach a copy of the formal diagnosis report.*

GDD diagnosis report attached

**Is the child currently on a waitlist / undergoing assessment for any of the following?**  ASD  GDD  ADHD

**OTHER AGENCIES INVOLVED**

Paediatrician / Medical Officer

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for seeing Paediatrician/Medical Officer: \_\_\_\_\_

Developmental assessment completed and copy attached.

Occupational Therapist

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physiotherapist

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

National Disability Insurance Agency (NDIA/NDIS)

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School of Special Educational Needs Sensory (SSENS)

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department of Communities

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Agencies Involved:

Agency Name \_\_\_\_\_

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 and Years One 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 complete all relevant subtests to obtain receptive and expressive language scores.**

**Please attach raw data. You may attach the scored raw data instead of filling out this table.**

*Note: Many of the Language Development Centres prefer CELF-5 data, if available.*

Raw data with scoring is attached.

**CELF-PRESCHOOL 3**

D.O.A.: ____/____/____ Age at Ax: ____;____	R.S.	S.S.	Percentile Rank
Sentence Comprehension			
Word Structure			
Expressive Vocabulary			
Following Directions			
Recalling Sentences			
Basic Concepts			
Word Classes			
<b>CORE LANGUAGE SCORE</b>			
<b>RECEPTIVE LANGUAGE SCORE</b>			
<b>EXPRESSIVE LANGUAGE SCORE</b>			

**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			
<b>CORE LANGUAGE SCORE</b>			
<b>RECEPTIVE LANGUAGE SCORE</b>			
<b>EXPRESSIVE LANGUAGE SCORE</b>			

**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.*

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

**NARRATIVE**

**Renfrew Bus Story** Please administer the Bus Story according to test instructions, transcribe the child’s responses below or attach the raw data.

*\* If you have completed a different narrative assessment, you may attach that raw data instead 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 instead 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	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.				
<b>TOTAL RAW SCORE (Divide the total score by the bottom number to get the average score).</b>		<u>        </u> 3	<u>        </u> 4	<u>        </u> 5	<u>        </u> 4
<b>AVERAGE SCORE</b>					

Does the child present with:

- Delayed phonology     Phonological disorder     CAS *(If ticked, please attach a formal diagnosis report)*

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

**Severity rating:**

**AND**

**Intelligibility rating:**

- |  |  |
|--|--|
| <input type="checkbox"/> Severe                    | <input type="checkbox"/> Mostly unintelligible   |
| <input type="checkbox"/> Moderate                  | <input type="checkbox"/> Mostly intelligible at 1-2 word level if context is known       |
| <input type="checkbox"/> Mild                      | <input type="checkbox"/> Mostly intelligible at discourse level if context is known      |
| <input type="checkbox"/> Age appropriate/resolving | <input type="checkbox"/> 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).

- Speech data is attached.

Has the child used an alternative or augmentative communication system?

- Yes currently     Yes previously     No

Please specify the communication system and provide details: \_\_\_\_\_

## PRAGMATICS AND ADDITIONAL INFORMATION

**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:**

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

A representative language sample is strongly recommended when:

- The child's functional language skills appear lower than their CELF-P3 language index scores.
- The child's CELF-P3 scores are exceptionally low, but their functional communication is comparatively stronger.

Language sample transcript guidelines:

- Include **at least 25** of the child's utterances.
- Record **both** the child's and the conversational partner's utterances.
- Note **non-verbal communication** (e.g., gestures) and any **contextual support** provided.
- If the child is mainly non-verbal or unintelligible, include observations about their **communicative intent**.

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

Video guidelines:

- Recommended length: **2 - 5 minutes**
- Should capture **play or conversational interaction** between the child and a clinician or caregiver
- Both the child and the interaction partner should be visible in the frame for most of the video

Language sample transcript attached.

Video is attached.

Context: \_\_\_\_\_



**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.**

For example, "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:**

**PARENT/CARER PERSPECTIVE ON REFERRAL**

**Please indicate the parent's/carer's attitude toward the referral:**

Eager    Supportive    Indifferent    Uncertain    Anxious

**CLINICAL OPINION**

**Please provide your clinical impressions of the child you are referring.** *This information is a critical aspect of the referral and supports our understanding of the child's communication across standardised assessment, intervention and informal interactions (use of functional language). This should include your clinical judgement regarding the degree to which the child meets the criteria for primary language disorder. You do not need to reiterate information already provided in other areas of the referral; however additional clinical thinking is important.*

**Clinician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_