Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

SPEECH PATHOLOGY REFERRAL REPORT
LANGUAGE DEVELOPMENT CENTRE/SCHOOL PLACEMENT
YEAR ONE 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 CALD Questionnaire* ☐No → *Do not complete CALD Questionnaire*

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/ 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 Select 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 YEAR ONE** 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 DATE

Referrals for Pre-primary and Year 1: Friday 12th 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.

CELF-PRESCHOOL 3 (3-5;11 years) or CELF-5 (5 years +)

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			
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

RENFREW ACTION PICTURE TEST

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 this test is optional.*

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

NARRATIVE

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 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	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).	___ 3	___ 4	___ 5	___ 4
	AVERAGE SCORE				

SPEECH

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:**
☐ 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).

☐ Speech data is attached.

Has the child used an alternative or augmentative communication system?

☐Yes currently ☐Yes previously ☐No

Please specify 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:

LANGUAGE SAMPLE **Optional*

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:_____

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:

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:** _____