



Listening, Language and Literacy

Paediatric Speech Pathology and Audiology

1 Cassandra Street, Cleveland, 4163
Phone 0457 453 931 | Email triplelspeech@gmail.com

Please kindly complete this form and email to: candicewaterer@gmail.com

TEACHER'S REFERRAL FORM

Name of Student:

School:

Name of Teacher:

Describe your concerns regarding speech production i.e. pronunciation and clarity of sounds and words e.g. any mispronunciations of similar sounds, difficulties producing multi-syllable words?

Are there any concerns regarding the child's ability to understand and recall instructions in the classroom? Do you observe differences in the child when presenting instructions 1:1 versus within the classroom environment? Have you noted any difficulties listening within noise e.g. Does the child ask for repetitions when you are aware the environment is noisy as opposed to quiet? _

Describe your concerns regarding understanding/comprehension of language as it increases in grammatical complexity and length. _____

Describe your concerns regarding the use of language i.e. vocabulary and complex sentence construction (spoken) e.g. Does oral language appear immature or simple in terms of sentence construction? _____



Describe your concerns regarding formal and informal spelling and reading skills. Are they able to accurately recognise the sounds within unfamiliar words? Are they able to decode/sound out unfamiliar words? Are they able to accurately recognise and spell familiar sight words? Does the child read with fluency and expression? _____

Describe your concerns regarding written language. Consider story planning and sequencing, sentence construction, punctuation and applied spelling. _____

Describe your concerns regarding reading comprehension skills e.g. Does the child read fluently, but still struggle to recall and understand written information? Do they struggle to answer questions that require them to verbally reason? _____

Describe the child's socialisation skills with friends and adults e.g. Do they socialise with peers their own age? Do they enjoy taking part in group activities? Do they disengage in conversation within noisy environments? Do they appear to understand and respond appropriately within conversation? Etc. _____

Describe the child's non-verbal communication skills e.g. eye contact, gestures, turn-taking and ability to introduce a variety of topics of conversation and engage in this conversation. _____

Describe the child's ability to cope with the demands of the curriculum. _____

Describe your concerns regarding attention/concentration e.g. 'zoning-out', excessive movement that distracts the child rather than supporting their focus, and impulsivity? _____

Parental awareness of the above difficulties. _____

Thank you for taking the time to provide us with this information.





Candice Stone Provider Number 5289002K | Kristen Kwan Provider Number 5635751L
ABN 76216831151