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HOSPITAL | COMMUNITY | HOME

Children's Speech and Language Therapy Referral Guidelines

Identifying Children with Speech, Language
Communication and Feeding Difficulties

How to Use These Referral Guidelines

Things to consider:

Communication is context sensitive

Even from very early childhood, our language and communication are influenced by our perception of the situation we are in. For example, a child may see the clinic as frightening, boring, or adult-orientated. Even at home or in a familiar nursery setting, an unfamiliar adult can make the situation an unusual one.

This may result in the child speaking less than usual, using simpler language, not listening so well, or talking more quietly.

Communication is a complex skill

Any screening can only look at a small 'snapshot' of the child's communication abilities. It is always difficult to be sure you have a representative sample, and that all appropriate areas of communication have been looked at. Listen to parents – they are usually right about whether there is cause for concern, but may find it hard to pinpoint exactly what is wrong.

- * Create a child-friendly environment.
- * Ensure a quiet environment free of distractions.
- * Have a range of age-appropriate materials and toys to hand.
- * Avoid pressurising the child to speak. Play with the child, or ask the parents to play with him/her. Make quiet comments rather than asking lots of questions.
- * When considering the child's comprehension, be aware of non-verbal cues you or the parents are giving (such as pointing, looking, nodding etc.) The child may be following these cues rather than listening to and understanding the language.
- * In younger children, pre-linguistic skills such as attention and play need to be checked as much as language.
- * Questioning parents can be useful and may be sufficient if it is difficult to get the child to talk. Use your knowledge of the family to decide whether to seek further 'hard evidence' yourself.

Should I Refer?

You will find some information on typical speech, language and feeding development over the next few pages.

Use the [sheet closest in age](#) to the child you are seeing. Ideally, make some of the [observations](#) by engaging in interaction with the child yourself. To support your own observations, [ask the parents questions](#) as necessary.

[Complete the tick boxes underneath the relevant age](#). Look for any patterns of problems or gaps in skills. For example, if a 2-year old's comprehension, play and attention skills are good, but he is only babbling, the overall pattern of development is encouraging: a follow-up check would be advised rather than immediate referral to Speech and Language Therapy. In other words, if only one of several skills (in this case expressive language) is slow to develop, the child will not necessarily need help from a Speech and Language Therapist. The tick boxes will also allow you to track progress on your follow-up review if necessary.

Across all ages, the key pointers for referral are:

1. If the parents are extremely anxious to the point that this may be detrimental to the child's progress.
2. If there are concerns about the child's ability to chew and swallow.
3. If there are concerns that the child is stammering
4. If the child has an unusual voice quality e.g. hoarseness or a nasal sounding voice, which is not linked to a current illness such as cold or flu
5. If there are significant concerns about the child's understanding of spoken language
6. If the child had started to use words then has 'lost' this skill
7. If the child shows unusual play or behaviours associated with a communication difficulty
8. If the child is showing a clear pattern of talking/not talking between different situations/people, such as speaking freely at home but not speaking within their setting (Please note this is not including children within the first 2 months of transition into a new setting)

NB:

- * Only if children for whom English is their second language are having difficulty developing their first language, is referral to Speech and Language Therapy appropriate.
- * For any child with a significant communication problem a referral for a hearing assessment should be considered.
- * As lone workers, it is essential that we should know about any safety issues there may be for our staff when working with families as many first assessments are carried out in the home.
- * Please let us know if there is or has been any Children's Services involvement or Safeguarding issues with a family you are referring

Children with Eating & Drinking Difficulties

Children should be referred at any age when:

- * There are choking and/or swallowing concerns.
- * There are concerns that the child is not eating or drinking efficiently or safely.
- * There is a physical disability which affects the child's oral eating and drinking skills.
- * There is a sudden onset of eating and drinking difficulties or deterioration of eating and drinking skills.
- * There are difficulties progressing onto textured food when compared to the child's other physical skills.
- * There are significant difficulties of heightened or reduced oral sensitivity.
- * The child's feeding pattern is affected by difficulties in the parent-child mealtime communication/interaction.

It is likely that children with the following conditions are at risk of eating and drinking difficulties. These are often linked to poor nutrition, growth and long feeding times (i.e. longer than 40 minutes). These children may benefit from a referral to the service:

- * Extreme prematurity
- * Muscle tone disorders
- * Cardiac conditions
- * Respiratory disease
- * Gastro-oesophageal reflux
- * Tracheostomy

Useful Links

The following links may provide some useful information and resources to support children's speech and language development.

- **Talking Point:** A really useful website outlining what to expect as the child develops. Includes useful links to free resources for parents to help develop their child's communication for example 'talking tips'.

www.talkingpoint.org.uk

- **The Communication Trust:** A charity-based website which provides useful information and resources for both practitioners and parents.

www.thecommunicationtrust.org.uk

- **Words for Life:** A useful website including further information about development and how to support a child's communication.

www.wordsforlife.org.uk

- **iCan:** A charity-run website with lots of resources around different speech, language and communication difficulties. Aimed at parents and practitioners.

www.ican.org.uk

- **The British Stammering Association:** Useful information and resources for parents of children who stammer.

www.stammering.org

- **The Michael Palin Centre for stammering:** More information around stammering.

www.stammeringcentre.org

- **SMIRA:** more information around what selective mutism and resources for parents and practitioners.

www.selectivemutism.org.uk

- **Autism:** More information about ASD and resources for parents

www.autism.org.uk

- Information about **Makaton** signing

www.makaton.org

- Information about the **IDDSI** framework (updated food texture descriptors)
www.iddsi.org
- **BBC Tiny Happy People**: a useful website with lots of information about communication development, ideas for supporting communication and parenting support <https://www.bbc.co.uk/tiny-happy-people>
- **Raising Awareness of Developmental Language Disorder (DLD)** – this website provides information about DLD to raise awareness of the condition. There are also lots of resources on the website for parents and schools <https://radld.org/>

Typical Speech Sound Development

If you have concerns about the child's speech it may be helpful to complete and enclose the speech screen (from age 4½) in the appendix. This will give you an indication of whether the child is making typical errors expected for their age, or whether the errors they are making are unusual or delayed. If there are significant concerns about a child's speech intelligibility and they are causing unusual error patterns or error patterns that are delayed for their age then a referral can be made to Speech and Language Therapy.

Typical error patterns

These are errors which are typically seen in child speech sound development up until a certain age. If they persist beyond the expected age, the child's speech is said to be delayed.

Age	Description of Speech	Examples
2;00 – 2:11	<p>(up to age 2:0 may miss the final sounds off words)</p> <ul style="list-style-type: none"> * May assimilate sounds in words so that the same or similar sounds are repeated in a word * May use loud sounds e.g. b, d & g instead of quiet sounds e.g. p, t & k * May replace long sounds like s, f and sh with short sounds like t & b * May reduce longer, more complex words by deleting a syllable * Might use t instead of k and d instead of g * When 2 or more consonants are next to each other, young children will often miss one of them off * ch and j are typically simplified * l and r are often replaced by w or y 	<p>("beep" → "bee")</p> <p>"crab" → "bab"</p> <p>"two" → "doo"</p> <p>"ship" → "tip"</p> <p>"banana" → "nana"</p> <p>"tomato" → "mato"</p> <p>"cart" → "tart"</p> <p>"goat" → "doat"</p> <p>"pot" → "spot"</p> <p>"tain" → "train"</p> <p>"chips" → "tips"</p> <p>"watch" → "wats"</p> <p>"red" → "wed" or "yed"</p> <p>"ladder" → "wadder"</p>
3;00 – 3:05	<ul style="list-style-type: none"> * May replace long sounds like s, f and sh with short sounds like t & b * May reduce longer, more complex words by deleting a syllable * Might use t instead of k and d instead of g * When 2 or more consonants are next to each other, young children will often miss one of them off * ch and j are typically simplified * l and r are often replaced by w or y 	<p>"ship" → "tip"</p> <p>"banana" → "nana"</p> <p>"tomato" → "mato"</p> <p>"cart" → "tart"</p> <p>"goat" → "doat"</p> <p>"pot" → "spot"</p> <p>"tain" → "train"</p> <p>"chips" → "tips"</p> <p>"watch" → "wats"</p> <p>"red" → "wed" or "yed"</p>

Age	Description of Speech	Examples
3:06 – 3:11	<ul style="list-style-type: none"> * May reduce longer, more complex words by deleting a syllable * Might use t instead of k and d instead of g * When 2 or more consonants are next to each other, young children will often miss one of them off * ch and j are typically simplified * l and r are often replaced by w or y 	<p>“banana” → “nana”</p> <p>“cart” → “tart”</p> <p>“spot” → “pot”</p> <p>“chips” → “tips”</p> <p>“red” → “wed” or “yed”</p>
4:00 – 4:11	<ul style="list-style-type: none"> * When 2 or more consonants are next to each other, young children will often miss one of them off * ch and j are typically simplified * l and r are often replaced by w or y 	<p>“spot” → “pot”</p> <p>“clean” → “keen”</p> <p>“chips” → “tips”</p> <p>“watch” → “wats”</p> <p>“red” → “wed” or “yed”</p> <p>“ladder” → “wadder”</p>
5:00 – 5:11	<ul style="list-style-type: none"> * l and r are often replaced by w or y 	<p>“red” → “wed” or “yed”</p> <p>“ladder” → “wadder”</p>
6:00- 6:11	<ul style="list-style-type: none"> * th may be produced as f 	<p>“thank you” → “fank you”</p>
7:00 +	<p>Speech should now be clear and intelligible. If there are concerns that a child:</p> <ul style="list-style-type: none"> * has a lisp * produces r as w * produces th as f * has a ‘slushy’ s <p>a referral is not needed unless the child is significantly worried or anxious about their speech</p>	

Unusual error patterns

These are some atypical errors resulting in a child with a disordered speech sound profile.

Description of Speech	Examples
<ul style="list-style-type: none"> * Replacing front sounds like t and d with sounds made at the back of the mouth like k and g 	<p>“guck” instead of “duck”</p> <p>“cap” instead “tap”</p>
<ul style="list-style-type: none"> * Missing the initial sounds off words 	<p>“og” for “dog”</p> <p>“unny” for “bunny”</p>
<ul style="list-style-type: none"> * Missing sounds out of the middle of words 	<p>“pa-er” for “paper”</p>
<ul style="list-style-type: none"> * Use of a ‘favourite sound’ in place of lots of other sounds 	<p>A sound preference for d might result in :“dam” for “jam”, “dap” for “map” & “doon” for “spoon”</p>
<ul style="list-style-type: none"> * Extra ‘puffs of air’ or sounds through the nose when talking 	

Always refer if:

1. Parents are extremely anxious to the point that this may be detrimental to the child’s progress.
2. The child has an unusual voice quality e.g. hoarseness, not linked to a current illness such as cold or flu
3. The child had started to use words then has ‘lost’ this skill

Typical Feeding Development

Age	Presentation
0-6 months	<ul style="list-style-type: none"> • The infant is typically fed via breast or a bottle feeding. • Responses present during feeding include rooting, sucking, swallowing, biting and gagging.
From 4 months	<ul style="list-style-type: none"> • Weaning may begin at 4 months to pureed foods (IDDSI level 4 Pureed) alongside milk feeding. WHO guidelines recommend weaning at 6 months in developing countries, however. • Each infant requires an individual assessment of readiness. • From 4 months, the child may begin to mouth items, and will be introduced to drinking from a cup.
6-9 months	<ul style="list-style-type: none"> • Children are introduced to different food textures such as bite and dissolve/ melt (IDDSI transitional level foods), mashed (IDDSI level 5) and finely chopped/ finger foods. • The child may use the palmer grasp and helps the adult spoon feed. • Children at this age should be able to manage a 2mm lump size however are at risk when swallowing larger lumps due to immature chewing abilities.
9-12 months	<ul style="list-style-type: none"> • Mashed food (IDDSI level 5) can be given to the child using a spoon, soft and bite-sized (IDDSI level 6), chopped and finger foods should be managed and the child begins to self-feed using a spoon. • Due to chewing development, children at this age should generally manage an 8mm lump size. • Child may start to “munch” up and down and suck finger foods.
12-18 months	<ul style="list-style-type: none"> • The majority of children at this stage should be able to chew soft and bite-sized foods (IDDSI level 6) without gagging, due to development in tongue and jaw moving abilities. • They should typically have developed more efficient and controlled chewing and biting skills when eating. • Many children are able to drink through a straw at this age and display improved cup-drinking, with less spillage. • Many regular (IDDSI level 7) foods can be eaten, however very firm and splintering foods may not be managed. Similarly lump sizes should not exceed 8mm. • Child may start to reject foods due to neophobia.

Referral Guidelines

Age	Play/attention and listening	Understanding	Talking	Feeding
18 months	<ul style="list-style-type: none"> * Pretend play of simple routines e.g. talking on the phone, putting teddy to bed * Might seem to ignore adults talking when in fact they are concentrating on an activity and can't stop and shift their attention to listen 	<ul style="list-style-type: none"> * Understands single words and simple instructions in familiar situations like 'give me teddy' * Points to some body parts * Finds familiar things when asked, either by pointing to pictures or finding toys 	<ul style="list-style-type: none"> * Says a few words * Uses gesture and point with sounds/words to show what they want * Tries to copy some words adults say 	<ul style="list-style-type: none"> * Chews regular food served as part of a family meal (level 7 IDDSI) * Feeds themselves using fingers and often uses a spoon * Drinks from a trainer cup * Control of saliva most of the time
Monitor/ follow-up in 3-6 months if the child:	<input type="checkbox"/> Has brief attention for self-chosen activities	<input type="checkbox"/> Responds to some instructions within familiar routines	<input type="checkbox"/> Attempts to use words but communicates mainly with gesture	<input type="checkbox"/> Hasn't been provided with experience of self-feeding <input type="checkbox"/> Has saliva loss which causing concern
Refer to SLT if the child:	<input type="checkbox"/> Has very fleeting attention <input type="checkbox"/> Does not show interest in anything <input type="checkbox"/> Little / no eye contact <input type="checkbox"/> Rarely/never looks to see what adults are looking at or pointing to <input type="checkbox"/> Displays unusual or overly repetitive play/behaviours	<input type="checkbox"/> Shows no understanding / response to language	<input type="checkbox"/> Has no meaningful words or gestures <input type="checkbox"/> If the child is not making any sounds, also consider a hearing test <input type="checkbox"/> Started using words but has appeared to lose this skill	<input type="checkbox"/> Is not self-feeding at all <input type="checkbox"/> Have difficulties eating and swallowing food expected for their age. <input type="checkbox"/> Has excessive saliva loss which is causing a high level of anxiety

Always refer if:

1. Parents are extremely anxious to the point that this may be detrimental to the child's progress.
2. The child has an unusual voice quality e.g. hoarseness, not linked to a current illness such as cold or flu
3. The child had started to use words then has 'lost' this skill

Age	Play/attention and listening	Understanding	Talking	Feeding
2:0 years	<ul style="list-style-type: none"> * Pretend play with dolls/ teddies/ miniature objects * Beginning to play alongside other children * Starting to take turns in play with a trusted adult * Enjoys nursery rhymes, action songs and stories * Might seem to ignore adults talking when in fact they are concentrating on an activity and can't stop and shift their attention to listen. 	<ul style="list-style-type: none"> * Understands lots of words and simple sentences * Follows 2 key word instructions when focused e.g. put <u>dolly</u> in the <u>box</u> 	<ul style="list-style-type: none"> * Uses 50 or more words * Starting to join words together e.g. more juice * Copies lots of words, is interested in learning new words * Speech is intelligible around half of the time 	<ul style="list-style-type: none"> * Feeds independently using fingers and a spoon, may be able to use a fork * Chews firmer textured foods (level 7 IDDSI) e.g. biscuits, crisps, peeled raw apple
Monitor/ follow-up in 3-6 months if the child:	<ul style="list-style-type: none"> <input type="checkbox"/> Beginning to show some pretend play skills when this is modelled <input type="checkbox"/> Points, shows interest <input type="checkbox"/> Is able to attend for a short time 	<ul style="list-style-type: none"> <input type="checkbox"/> Is able to follow simple instructions in context (e.g. get in the car) and follows commands with 1 key word (e.g. give me the <u>car</u> from a selection of objects) 	<ul style="list-style-type: none"> <input type="checkbox"/> Uses more than 10 words, even if unclear 	<ul style="list-style-type: none"> <input type="checkbox"/> Hasn't been offered a range of different family foods <input type="checkbox"/> Has saliva loss which is causing concern
Refer to SLT if the child:	<ul style="list-style-type: none"> <input type="checkbox"/> Has fleeting attention <input type="checkbox"/> Doesn't share interest with an adult <input type="checkbox"/> Has little/no eye-contact <input type="checkbox"/> Displays unusual or overly repetitive play/behaviours 	<ul style="list-style-type: none"> <input type="checkbox"/> Presents with significant concerns in relation to understanding of spoken language. <input type="checkbox"/> Does not follow simple instructions in everyday situations 	<ul style="list-style-type: none"> <input type="checkbox"/> Has a very restricted range of speech sounds e.g. very few consonant sounds /only uses vowels <input type="checkbox"/> Has few or no words or word attempts <input type="checkbox"/> Started using words but has appeared to lose this skill 	<ul style="list-style-type: none"> <input type="checkbox"/> Has difficulties managing regular family food textures (not including very hard/chewy foods like thick meat, toffee, etc.) <input type="checkbox"/> Has excessive saliva loss

Always refer if:

1. Parents are extremely anxious to the point that this may be detrimental to the child's progress.
2. The child has an unusual voice quality e.g. hoarseness, not linked to a current illness such as cold or flu
3. The child had started to use words then has 'lost' this skill

Age	Play/attention and listening	Understanding	Talking	Feeding
2 ½ years	<ul style="list-style-type: none"> * Joins in with an adult's choice of activity for a short time * Acts out common routines in play e.g. cuddle teddy, put teddy to bed * Enjoys listening to nursery rhymes, songs and short stories 1:1 or in small groups * Needs adult help to stop and listen to an instruction 	<ul style="list-style-type: none"> * Consistently follows 2 key word instructions * Understands action words e.g. 'who's <u>eating</u>?' * Beginning to understand 3 key word instructions e.g. make <u>dolly jump</u> on the <u>bed</u> 	<ul style="list-style-type: none"> * Starting to use 3 word sentences (often misses little words e.g. dog eat dinner) * Uses over 200 words * Uses a range of verbs/action words * Is fairly intelligible to familiar people but even parents may find it difficult to interpret at times 	<ul style="list-style-type: none"> * Eats a variety of family foods independently and without difficulty * Drinks from a cup with little spillage * Uses a spoon and fork when self-feeding
Monitor/ follow-up in 3-6 months if the child:	<ul style="list-style-type: none"> <input type="checkbox"/> Shows some early pretend play <input type="checkbox"/> Is able to attend for a short time 	<ul style="list-style-type: none"> <input type="checkbox"/> Can consistently follow simple instructions, but may find longer instructions difficult e.g. they may be able to 'find the apple' but not 'give the apple to teddy' or 'give the banana to dolly' 	<ul style="list-style-type: none"> <input type="checkbox"/> Uses 50 words, even if unclear, and is beginning to combine words 	
Refer to SLT if the child:	<ul style="list-style-type: none"> <input type="checkbox"/> Has little/no pretend play <input type="checkbox"/> Has fleeting attention <input type="checkbox"/> Doesn't share interest with an adult <input type="checkbox"/> Uses little/no eye-contact <input type="checkbox"/> Displays unusual or overly repetitive play/behaviours 	<ul style="list-style-type: none"> <input type="checkbox"/> Presents with significant concerns in relation to understanding of spoken language <input type="checkbox"/> Shows inconsistent understanding of a range of single words e.g. unable to point to a range of objects/pictures on request <input type="checkbox"/> Does not follow simple instructions 	<ul style="list-style-type: none"> <input type="checkbox"/> Uses fewer than 50 words and no 2 word phrases <input type="checkbox"/> Has a very restricted range of speech sounds e.g. very few consonant sounds /only uses vowels <input type="checkbox"/> Is dysfluent (stammering) 	<ul style="list-style-type: none"> <input type="checkbox"/> Has any difficulties chewing/ swallowing food/ drinks (not including difficult textures such as thick/chewy meat)

Always refer if:

1. Parents are extremely anxious to the point that this may be detrimental to the child's progress.
2. The child has an unusual voice quality e.g. hoarseness, not linked to a current illness such as cold or flu
3. The child had started to use words then has 'lost' this skill

Age	Play/attention and listening	Understanding	Talking	Feeding
3 years	<ul style="list-style-type: none"> * Can listen to slightly longer stories * Can express emotions * Starting to play make-believe games e.g. shops * Starting to play more with other children * May need adult help to stop and listen to an instruction. Gradually more able to pause their activity in order to listen to an adult 	<ul style="list-style-type: none"> * Understands longer sentences and instructions with 3 key words e.g. put the <u>cup</u> <u>under</u> the <u>table</u> * Understands size, colour and position words * Answers 'who', 'where' and 'what' questions 	<ul style="list-style-type: none"> * Uses 3-4 word sentences * Beginning to use grammatical word endings e.g. plural <u>cats</u> * Beginning to ask questions * Uses a range of verbs * Describes past and present events * Is often understood by familiar people but may not be so easy for strangers to understand 	
Monitor/ follow-up in 3-6 months if the child:	<ul style="list-style-type: none"> <input type="checkbox"/> Shows some pretend play e.g. acting out common routines with teddy e.g. feed teddy, put teddy to bed <input type="checkbox"/> Attends and listens to adult directed activities but only for a short time 	<ul style="list-style-type: none"> <input type="checkbox"/> Follows instructions with 2 key words (e.g. 'give the apple to <u>teddy</u>') and is beginning to follow instructions with 3 key words <input type="checkbox"/> Not yet consistently understanding 'who', 'where' and 'what' questions 	<ul style="list-style-type: none"> <input type="checkbox"/> Can join at least 2 words together in a short sentence <input type="checkbox"/> Doesn't use long sentences but vocabulary is continuing to increase 	
Refer to SLT if the child:	<ul style="list-style-type: none"> <input type="checkbox"/> Has little/no pretend play <input type="checkbox"/> Has fleeting attention <input type="checkbox"/> Doesn't share interest with an adult <input type="checkbox"/> Has poor eye-contact <input type="checkbox"/> Has little interest in other children <input type="checkbox"/> Displays unusual or overly repetitive play/behaviours 	<ul style="list-style-type: none"> <input type="checkbox"/> Does not follow simple instructions <input type="checkbox"/> Does not understand sentences with 2 key words when focused 	<ul style="list-style-type: none"> <input type="checkbox"/> Few or no 2 word combinations <input type="checkbox"/> Isn't understood by familiar people most of the time/uses a limited range of speech sounds <input type="checkbox"/> Demonstrates awareness of/ frustration with communication difficulties <input type="checkbox"/> Is dysfluent (stammering) 	<ul style="list-style-type: none"> <input type="checkbox"/> Has any difficulties chewing/ swallowing food/ drinks

Always refer if:

1. Parents are extremely anxious to the point that this may be detrimental to the child's progress.
2. The child has an unusual voice quality e.g. hoarseness, not linked to a current illness such as cold or flu
3. The child had started to use words then has 'lost' this skill

Age	Play/attention and listening	Understanding	Talking	Feeding
3 ½ years	<ul style="list-style-type: none"> * Enjoys imaginative and pretend play alongside and with other children * More able to pause their activity in order to listen to an adult but may still need help to stop and listen if they are engaged in a motivating activity * Focuses on an activity of their own choice for up to 15 mins 	<ul style="list-style-type: none"> * Understands longer sentences and instructions with 3 - 4 key words e.g. put the <u>cup</u> <u>under</u> the <u>table</u> * Understands size, colour and position words * Answers 'who', 'where', 'what' questions 	<ul style="list-style-type: none"> * Uses longer sentences of 4-5 words * Ask lots of questions 'why?', 'how?', 'when?' * Can tell a simple familiar story * Has a wide vocabulary * Starts to use pronouns (e.g. he, she, me) but may not always use these correctly * Starts to describe past and future events using word endings but not always correctly e.g. walked, eaten 	
Monitor/ follow-up in 3-6 months if the child:	<ul style="list-style-type: none"> <input type="checkbox"/> Shows pretend and organised and social play <input type="checkbox"/> Attends and listens to adult led and group activities for a short time 	<ul style="list-style-type: none"> <input type="checkbox"/> Consistently follows instructions with 2 key words (e.g. 'give the apple to <u>teddy</u>') and is beginning to follow instructions with 3 key words 	<ul style="list-style-type: none"> <input type="checkbox"/> Uses 3 or more word combinations <input type="checkbox"/> Is intelligible to familiar people but may still be difficult for strangers to understand at times 	
Refer to SLT if the child:	<ul style="list-style-type: none"> <input type="checkbox"/> Has little/no pretend play or social play <input type="checkbox"/> Doesn't share interest with an adult <input type="checkbox"/> Has poor eye-contact <input type="checkbox"/> Has little interest in other children <input type="checkbox"/> Displays unusual or overly repetitive play/behaviours 	<ul style="list-style-type: none"> <input type="checkbox"/> Does not follow simple instructions <input type="checkbox"/> Doesn't understand early concepts such as big/little, hot/cold, happy/sad <input type="checkbox"/> Does not consistently understand sentences with 2 key words 	<ul style="list-style-type: none"> <input type="checkbox"/> Has no 3 word combinations <input type="checkbox"/> Speech is difficult for familiar listeners to understand (see speech screen and table for further information about speech sound development) <input type="checkbox"/> Is dysfluent (stammering) 	<ul style="list-style-type: none"> <input type="checkbox"/> Has any difficulties chewing/ swallowing food/ drinks

Always refer if:

1. Parents are extremely anxious to the point that this may be detrimental to the child's progress.
2. The child has an unusual voice quality e.g. hoarseness, not linked to a current illness such as cold or flu
3. The child had started to use words then has 'lost' this skill

Age	Play/attention and listening	Understanding	Talking	Feeding
4 years	<ul style="list-style-type: none"> * Able to pause their activity in order to listen to an adult * Beginning to be able to listen to spoken instructions without having to stop what they are doing * Beginning to play cooperatively with other children and able to share toys * Takes turns with others * Enjoys make-believe play activities 	<ul style="list-style-type: none"> * Understands instructions with 4 key words when focused * Understands questions about past and future events * Can follow instructions given to a group of children 	<ul style="list-style-type: none"> * Uses sentences with some grammatical immaturities (e.g. 'goed' instead of 'went') * Is easily understood by most listeners * Tells stories by connecting ideas and events * Uses some joining words to link sentences e.g. and, because. 	
Monitor/ follow-up in 3-6 months if the child:	<input type="checkbox"/> Struggles to take turns in group activities	<input type="checkbox"/> Is starting to understand longer instructions with repetitions and prompts <input type="checkbox"/> Understands a range of basic concepts e.g. size and position	<input type="checkbox"/> Uses appropriate sentences but vocabulary is limited and grammar immature e.g. omission of a/the <input type="checkbox"/> Can occasionally be difficult to understand to strangers	
Refer to SLT if the child:	<input type="checkbox"/> Shows little evidence of social play and interaction	<input type="checkbox"/> Does not understand simple conversations <input type="checkbox"/> Does not understand basic concepts e.g. size and position <input type="checkbox"/> Often does not respond appropriately to longer questions and instructions	<input type="checkbox"/> Is only using 3-4 word sentences <input type="checkbox"/> Uses unusual word order and/or grammar <input type="checkbox"/> Speech is often difficult for strangers to understand (see speech screen and table for further information about speech sound development) <input type="checkbox"/> Demonstrates awareness/frustration of communication difficulties <input type="checkbox"/> Is dysfluent (stammering)	<input type="checkbox"/> Has any difficulties chewing/ swallowing food/ drinks

Always refer if:

1. Parents are extremely anxious to the point that this may be detrimental to the child's progress.
2. The child has an unusual voice quality e.g. hoarseness, not linked to a current illness such as cold or flu
3. The child had started to use words then has 'lost' this skill

Age	Play/attention and listening	Understanding	Talking	Feeding
5-7 years	<ul style="list-style-type: none"> * Able to sit quietly and concentrate on tasks appropriate to their ability * Understands and listens to spoken instructions without having to stop an activity to look at the speaker * Cooperates in paired or group activities * Engages in complex role play games with peers 	<ul style="list-style-type: none"> * Follows a series of instructions * Able to make predictions and suggest what a character might say or feel * Can answer 'how' and 'why' questions * Understands implied/underlying meanings 	<ul style="list-style-type: none"> * Talks about a range of past and future events * Fully engages in conversation of several turns with both adults and children * Shares more complex ideas * Argues, debates and negotiates * Uses language in a range of social situations * Later developing sounds e.g. r, l, th may still be immature but speech should be fully intelligible 	
Refer to SLT if the child:	<ul style="list-style-type: none"> <input type="checkbox"/> Is unable to play or cooperate appropriately with other children 	<ul style="list-style-type: none"> <input type="checkbox"/> Has difficulty following class-based instructions involving a sequence of items <input type="checkbox"/> Difficulties understanding and learning topic based and curriculum vocabulary is a barrier to learning <input type="checkbox"/> Concerns about the child's ability to understand non-literal language 	<ul style="list-style-type: none"> <input type="checkbox"/> Can't maintain a meaningful conversation <input type="checkbox"/> Isn't using long, complex utterances with words such as 'but'/'because' <input type="checkbox"/> Still uses immature or unusual grammar, making it difficult for them to get their message across <input type="checkbox"/> Delay or difficulties with speech sounds that are impacting on intelligibility, participation or confidence (see speech screen and table for further information about speech sound development) 	<ul style="list-style-type: none"> <input type="checkbox"/> Has any difficulties chewing/ swallowing food/ drinks

Always refer if:

1. Parents are extremely anxious to the point that this may be detrimental to the child's progress.
2. The child has an unusual voice quality e.g. hoarseness, not linked to a current illness such as cold or flu
3. The child had started to use words then has 'lost' this skill

Concerns for children over 7 years....

If a child over the age of 7 presents with any of the difficulties below, *contact your local Speech and Language Therapist.*

Refer to SLT if...
The child finds it difficult to learn and understand meanings of words
The child finds it hard to understand language where the meaning isn't explicitly stated
The child finds long and complicated instructions hard to understand
The child is only using short, simple phrases with limited vocabulary
The child is unable to answer 'how' and 'why' questions
The child finds it difficult to make up stories. This may be evident in their writing as well as talking
The child struggles to join in in group conversations due to language overload
Difficulty initiating and maintaining conversations in an appropriate manner e.g. staying on topic
The child finds it difficult to make predictions
There are concerns that the child is stammering
The child is concerned/anxious about their communication difficulties
The child has a delay or difficulty with speech sounds that is impacting on intelligibility, participation or confidence
<p>If there are concerns that a child:</p> <ul style="list-style-type: none"> * has a lisp * produces r as w * produces th as f * has a 'slushy' s <p>a referral is not needed unless the child is significantly worried or anxious about their speech</p>

Always refer if:

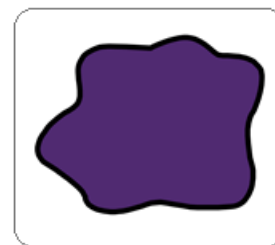
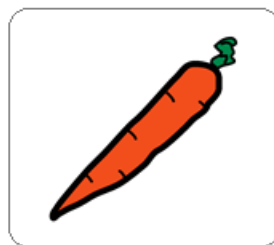
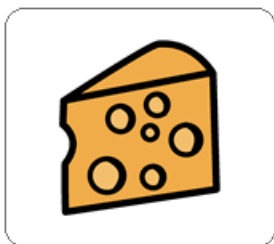
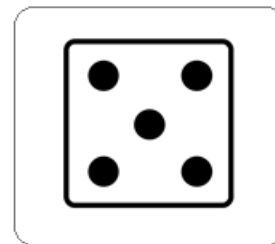
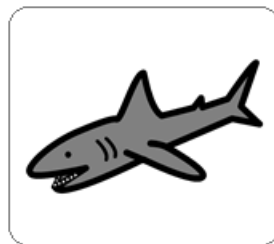
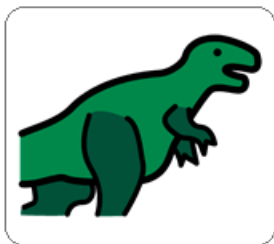
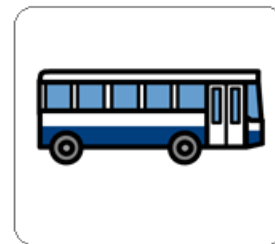
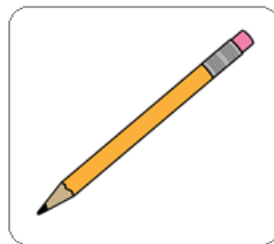
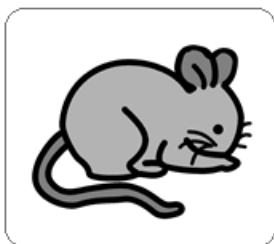
1. Parents are extremely anxious to the point that this may be detrimental to the child's progress.
2. The child has an unusual voice quality e.g. hoarseness, not linked to a current illness such as cold or flu
3. The child had started to use words then has 'lost' this skill

Speech Sound Screen

If you have concerns about a child's speech, this screen can be used to provide some additional information with the referral. For children who are able, ask them to name the pictures and note down **exactly** how they say each word. Try not to say the words for them to copy – if you need to help them, add a * beside the word to indicate that you did.

Target word	Child's production	Target word	Child's production
mouse		sea	
sun		starfish	
pencil		spider	
bus		flower	
dinosaur		TV	
cup		scarf	
shark		chair	
five		clock	
cheese		card	
bucket		scissors	
goat		tortoise	
jam		fire engine	
kangaroo		sandwich	
sheep		monkey	
carrot		cake	
purple		dog	

Stimulus pictures



Stimulus pictures

