

WARRINGTON SPEECH AND LANGUAGE THERAPY

REFERRAL GUIDELINES

For Children aged from 9 to 17 months

Area of Concern:	What should you do?
<u>Expressive communication</u> <ul style="list-style-type: none"> At 9 months or over child is very quiet, with no babble (eg bababa or mamama) or making a very limited range of sounds eg uses 'guh' or 'da' for everything. At 15 months Child is only saying the name of 1 or 2 objects 	<p>Speak to your Health Visitor for advice</p> <p>REFER to Wellcomm screen and Big Book of Ideas</p>
<u>Play</u> <ul style="list-style-type: none"> Child does not relate 2 objects together in play, e.g. spoon to cup? Child does not yet use everyday objects on themselves, e.g. brushing hair? 	<p>REFER to Wellcomm screen and Big Book of Ideas</p>
<u>Play and social interaction</u> <ul style="list-style-type: none"> Child has very limited interaction e.g. not responding to name, not copying others' actions and sounds, they do not point or make requests by pointing or showing objects. Child may often be considered 'in a world of their own' and doesn't show an interest in other people, e.g. poor eye contact, doesn't laugh or smile with familiar others, prefers objects to people play. 	<p><u>9-15 months:</u> REFER to Wellcomm screen and Big Book of Ideas</p>
	<p><u>From 15 months:</u> Discuss with Neurodevelopmental Pathway Coordinators (Child will / would be referred to Speech and Language as part of this process)</p>

<ul style="list-style-type: none"> Child plays with a limited number of toys, or only plays with part of the toy, e.g. spinning wheels on a car. 	Consider referral to Early Years (EY) SEND Support
<u>Eating and drinking</u> <ul style="list-style-type: none"> Child has not progressed from eating puree textures only at 12 months of age. Child has not made expected progress with weaning. Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice and; <ul style="list-style-type: none"> Child has recurrent chest infections Child has lost weight. 	REFER
Child is known to have a developmental delay or possible evolving complex needs or syndrome e.g. cerebral palsy, Down's syndrome	REFER REFER to Neurodevelopmental Pathway (Child will be referred to Speech and Language as part of this process) Consider / discuss referral to EY SEND Support

For Children aged 18 – 24 months

Your child is still very young and developing very fast. In the first instance, if you have any concerns you should speak to your health visitor or nursery. They may reassure you that everything is going well **or** they may give you some advice or tips **or** they may suggest some groups where you and your child can go to get some ideas **or** they may suggest a referral.

Area of Concern:	What should you do?
<p><u>Understanding language</u></p> <p>Child has difficulty understanding simple spoken language (<i>i.e. when adult using no gesture or pointing</i>)</p> <p>18 months child cannot point to at least 1 body part (e.g. nose, hair)</p> <p>21 months child cannot select at least 3 familiar objects from a small choice</p> <p>By 24 months child cannot select at least 5 familiar objects from a small choice</p>	<p>REFER to Chatterbox, Wellcomm screen and Big Book of Ideas</p>
<p><u>Expressive Language</u></p> <p>Child has very limited expressive language i.e.</p> <p>18 months - has less than 8 words</p> <p>21 months - has less than 20 words</p> <p>24 months - has at least 40 words</p>	<p>REFER to Chatterbox, Wellcomm screen and Big Book of Ideas</p>
<p><u>Use of language/communication skills</u></p> <p>Child has limited language but makes attempts to communicate with others, e.g. pointing, reaching, showing items.</p>	<p>REFER to Chatterbox, Wellcomm screen and Big Book of Ideas</p>
<p><u>Language, play and social interaction</u></p> <ul style="list-style-type: none">• Child loses words or social skills such as pointing and eye contact or shows less social interest than previously.• Child has very limited interaction e.g. not responding to name, not copying others' actions and sounds, they do not point or make requests by pointing or showing objects.• Child may often be considered 'in a world of their own' and doesn't show an interest in other people, e.g. poor	<p>REFER to Neurodevelopmental Pathway (Child will be referred to Speech and Language as part of this process)</p> <p>Consider / discuss referral to EY SEND Support</p>

<p>eye contact, doesn't laugh or smile with familiar others, prefers objects to people play.</p> <ul style="list-style-type: none"> • Child plays with a limited number of toys, or only plays with part of the toy, e.g. spinning wheels on a car or only mouths or bangs toys together rather than using toys to pretend (e.g. putting a hairbrush in their mouth rather than brushing their own hair) • Child communicates on his / her own terms i.e. <i>mostly</i> to ask for items. It is very difficult to draw child's attention to things 	
<p><u>Eating and drinking</u></p> <ul style="list-style-type: none"> • Child has not progressed from eating puree or mashed textures. • Child has difficulty eating certain textures. • Child has not made expected progress with weaning. • Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice, and; <ul style="list-style-type: none"> - Child has recurrent chest infections - Child has lost weight. 	<p>REFER</p>

For Children aged 2 years – 2 years 6 months

Your child should have had their 2-year check. If you have any concerns speak to your Health Visitor. They may give you some advice or refer you to a group at the Children's Centre to help with your child's Speech, Language and Communication skills.

Area of Concern:	What should you do?
<p><u>Understanding language</u></p> <p>Child has difficulty understanding simple spoken language (<i>when adult using <u>no</u> gesture or pointing</i>) – the child does <u>not</u> appear to understand what you have said or does not respond.</p> <p>At 25 months child can't select at least 5 familiar objects / body parts and follow at least 3 actions (sleep, jump, sit down)</p> <p>At 30 months child can't follow instructions containing 2 pieces of information (e.g. "where's mummy's hair?", "find Jack's shoes", "push the car")</p>	<p>REFER to Chatterbox, Wellcomm screen and Big Book of Ideas</p> <p>AND</p> <p>REFER to Speech and Language</p>
<p><u>Expressive Language</u></p> <p>Child has very limited expressive language</p> <p>At around 25 months child can't use around 45 words and is not linking 2 words together</p> <p>At around 30 months child can't regularly put 2 words together e.g. "more milk", "bye Nana", "go bed".</p>	<p>REFER to Chatterbox, Wellcomm screen and Big Book of Ideas</p>
<p><u>Play skills</u></p> <p>Does <u>not</u> use everyday objects on themselves, e.g. brushing hair.</p> <p>Does not carry out actions on toys, e.g. making teddy walk, feeding doll.</p>	<p>REFER to Chatterbox, Wellcomm screen and Big Book of Ideas</p> <p>AND</p> <p>REFER to Speech and Language</p>
<p><u>Language, play and social interaction</u></p> <p>Any concerns from within this area at 18-23 months section (as above) and/or:</p> <p>Child has unusual or obsessive interests in particular types of play (e.g. lining toys up, excessive spinning of toys, special interest in washing machines or other electrical equipment)</p> <p>Child regularly but inappropriately says learned phrases (eg from a favourite DVD or TV advert)</p>	<p>REFER to Neurodevelopmental Pathway (Child will be referred to Speech and Language as part of this process)</p> <p>Consider / discuss referral to EY SEND Support</p>

<p><u>Fluency of speech</u></p> <p>Child's sentences are often disrupted by 3 or more repetitions of parts of words or short words e.g. "bi-bi-bi-biscuit", "can can can can can I have".</p> <p>Child often struggles to get words out e.g. stops and then pushes the word out with effort.</p> <p>Child or parents show concern or distress re stammering.</p>	<p>This is sometimes known as Developmental Dysfluency and can be common in young children. Ask your health visitor or nursery or contact us directly for a referral. You may also want to look at this website www.stammering.org</p> <p>REFER to Speech and Language</p>
<p><u>Voice</u></p> <p>Child has a persistently hoarse voice or abnormal vocal quality</p>	<p>REFER to Speech and Language</p>
<p><u>Eating and drinking</u></p> <ul style="list-style-type: none"> • Child has difficulty eating certain textures. • Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice, and; <ul style="list-style-type: none"> - Child has recurrent chest infections - Child has lost weight. 	<p>REFER</p>

For Children aged 2 years 7 months – 3 years

You should have had your 2-year check from your health visitor by now. If you have not had this, then please contact them to arrange.

Area of Concern:	What should you do?
<p><u>Understanding language</u></p> <p>Child <u>not</u> able to follow simple verbal instructions containing 2 key words without visual clues (<i>adult using no gesture or pointing</i>) e.g. “Push the chair” “Jump to the door” “ Point to Mummy’s shoe”</p>	<p>Speak to Health Visitor</p> <p>REFER to Chatterbox group / Wellcomm Big Book of Ideas</p> <p>REFER to Speech and Language if still concerned 3 months after Chatterbox/Wellcomm input</p>
<p><u>Expressive Language</u></p> <p>Child <u>not</u> consistently using 3 to 4 words together e.g. “<i>mummy go shop</i>”, “<i>want more juice now</i>”</p>	<p>Speak to your Health Visitor</p> <p>REFER to Chatterbox group / Wellcomm Big Book of Ideas</p> <p>REFER to Speech and Language if still concerned 3 months after Chatterbox/Wellcomm input</p>
<p><u>Clarity of Speech</u></p> <p>Child’s speech can only be understood by family - child uses a very restricted range of sounds or unusual sounds e.g. “da” might be used for dad, cat and bag.</p>	<p>REFER to Speech and Language</p>
<p><u>Play</u></p> <p>Child does not show sequences of play, e.g. putting dolly to bed, making food and feeding it to teddy.</p> <p>Child does not pretend an object is something else, e.g. pretends a banana is a phone.</p>	<p>REFER to Chatterbox group / Wellcomm Big Book of Ideas</p> <p>REFER to Speech and Language if still concerned 3 months after Chatterbox/Wellcomm input</p>

<p><u>Language, play and social interaction</u></p> <p>Any concerns from within this area at 18-23 months section and 2 years - 2 years 6 months section (see above) and/or:</p> <p>Child regularly but inappropriately repeats learned phrases e.g. from a favourite TV programme or child repeats what you say rather than responding to you.</p> <p>Child has difficulty engaging in activities introduced by other people.</p>	<p>REFER to Neurodevelopmental Pathway (Child will be referred to Speech and Language as part of this process)</p> <p>Referral to EY SEND Support as per the NDP referral pathway.</p>
---	--

<p><u>Fluency of speech</u></p> <p>Child's sentences are often disrupted by 3 or more repetitions of parts of words or short words e.g. "bi-bi-bi-biscuit", "can can can can I have".</p> <p>Child often struggles to get words out e.g. stops and then pushes the word out with effort.</p> <p>Child or parents show concern or distress re stammering.</p>	<p>This is sometimes known as Developmental Dysfluency and can be common in young children. Ask your health visitor or nursery or contact us directly for a referral. You may also want to look at this website www.stammering.org</p> <p>REFER</p>
<p><u>Voice</u></p> <p>Child has a persistently hoarse voice or abnormal vocal quality</p>	<p>REFER</p>
<p><u>Eating and drinking</u></p> <ul style="list-style-type: none"> • Child has difficulty eating certain textures. • Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice, and; <ul style="list-style-type: none"> - Child has recurrent chest infections - Child has lost weight. 	<p>REFER</p>

For Children aged 3 years 1 month - 3 years 6 months

Area of Concern:	What should you do?
<p><u>Understanding language</u></p> <p>Child is not following instructions like other children and / or relies on watching and following what others do.</p> <p>Child responds inappropriately to questions and <u>cannot</u> have a simple conversation.</p> <p>Child repeats what you say rather than responding</p>	<p>REFER to Wellcomm Big Book of Ideas</p> <p>AND</p> <p>REFER to Speech and Language</p>
<p><u>Expressive Language</u></p> <p>Child is <u>not</u> using at least 180 words from different groups e.g. animals, food, body parts, clothes and lots of verbs (action words e.g. jump, eat, swim).</p> <p>Child is <u>not</u> putting at least 5 to 6 words together when speaking</p>	<p>REFER to Wellcomm Big Book of Ideas</p> <p>AND</p> <p>REFER to Speech and Language</p>
<p><u>Language, play and social interaction</u></p> <p>Child has very limited interaction e.g. not responding to name, not copying others' actions and sounds, they do not point or make requests by pointing or showing objects.</p> <p>Child may often be considered 'in a world of their own' and doesn't show an interest in other people, e.g. poor eye contact, doesn't laugh or smile with familiar others, prefers objects to people play.</p> <p>Child plays with a limited number of toys, or only plays with part of the toy, e.g. spinning wheels on a car or only mouths or bangs toys together rather than using toys to pretend (e.g. putting a hairbrush in their mouth rather than brushing their own hair)</p> <p>Child communicates on his / her own terms i.e. <i>mostly</i> to ask for items. It is very difficult to draw child's attention to things</p> <p>Child has own agenda (communicates / plays only on own terms) and it is difficult to draw child's attention to what you are pointing to. <i>Child has poor eye contact.</i></p> <p>Child prefers to play alone even when approached by others and rarely approaches others to play or speak.</p> <p>Child regularly but inappropriately repeats learned phrases e.g. from a favourite TV programme or child repeats what you say rather than responding to you.</p>	<p>REFER to Neurodevelopmental Pathway (Child will be referred to Speech and Language as part of this process)</p> <p>Referral to EY SEND Support as per the NDP referral pathway.</p>

<p><u>Clarity of Speech</u></p> <p>Child's family or teachers cannot understand most of what is said e.g. child is using a restricted speech sound e.g. "da" might be used for cat, dad and bag.</p> <p>PLEASE NOTE: It is too early to refer mispronunciations of 'r, th, l, ch, sh, f, s, k, g</p>	<p>REFER</p>
<p><u>Fluency of speech</u></p> <p>Child's sentences are often disrupted by 3 or more repetitions of parts of words or short words e.g. "bi-bi-bi-biscuit", "can can can can can I have".</p> <p>Child often struggles to get words out e.g. stops and then pushes the word out with effort.</p> <p>Child or parents show concern or distress re stammering.</p>	<p>This is sometimes known as Developmental Dysfluency and can be common in young children. Ask your health visitor or nursery or contact us directly for a referral.</p> <p>You may also want to look at this website www.stammering.org</p> <p>REFER</p>
<p><u>Other communication difficulty</u></p> <p>Child is reluctant to speak to teachers / children at school or reluctant to speak to adults at home</p>	<p>REFER</p>
<p><u>Voice</u></p> <p>Child has a persistently hoarse voice or abnormal vocal quality</p>	<p>REFER</p>
<p><u>Eating and drinking</u></p> <ul style="list-style-type: none"> • Child has difficulty eating certain textures. • Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice, and; <ul style="list-style-type: none"> - Child has recurrent chest infections - Child has lost weight. 	<p>REFER</p>

For Children aged 3 years 7 months – 4 years 6 months

Your Child should be having some time in nursery or may have started in Reception at school. If you have any concerns about their speech, language or communication needs then speak to the nursery staff or the class teacher. They may be able to reassure you that things are developing as they should **or** give you some ideas to try at home to help **or** refer you

Area of Concern:	What should you do?
<p><u>Understanding language</u></p> <p>Child <u>cannot</u> follow <i>long or more complex</i> instructions with a number of steps e.g. “Put your books away and sit at the table”</p> <p>Child cannot easily answer who, what, where questions</p>	<p>REFER to Wellcomm Big Book of Ideas</p> <p>AND</p> <p>REFER to Speech and Language</p>
<p><u>Expressive Language</u></p> <p>Child <u>cannot</u> easily retell a simple story or event</p> <p>Child has a very limited vocabulary and / or regular difficulty thinking of the right word. Child over uses non specific words like “that thing”, “thingy”, “it”</p>	<p>REFER to Wellcomm Big Book of Ideas</p> <p>AND</p> <p>REFER to Speech and Language</p>
<p><u>Play and Social communication</u></p> <p>Child may often be considered ‘in a world of their own’ and doesn’t show an interest in other people, e.g. poor eye contact, doesn’t laugh or smile with familiar others, prefers objects to interactive games and people play (prefers to play alone even when approached by others and rarely approaches others to play or speak).</p> <p>Child plays with a limited number of toys, or only plays with part of the toy, e.g. spinning wheels on a car or only mouths or bangs toys together rather than using toys to pretend (e.g. putting a hairbrush in their mouth rather than brushing their own hair). Child has limited imaginative play and/or demonstrates repetitive behaviours such as spinning or carrying out the same actions / play routines repetitively.</p> <p>Child has own agenda e.g. communicates on his / her own terms i.e. <i>mostly</i> to ask for items, and it is difficult to draw child’s attention to what you are pointing to.</p> <p>Child regularly but inappropriately repeats learned phrases</p>	<p>REFER to Neurodevelopmental Pathway</p> <p>(Child will be referred to Speech and Language as part of this process)</p> <p>Referral to EY SEND Support as per the NDP referral pathway.</p>

e.g. from a favourite TV programme or child repeats what you say rather than responding to you.	
<p><u>Clarity of Speech</u></p> <p>Family and Teachers find the child's speech very difficult to understand.</p> <p>Child does not use t,d,s,f,k,g sounds <i>consistently</i> in words or is using unusual sounds in speech e.g. <i>slushy /s/</i></p> <p>PLEASE NOTE: It is too early to refer mispronunciations of 'r, th, l, ch, sh, and consonant blends e.g stop , blue etc.</p>	<p>Speak to nursery for general advice & refer for an assessment</p> <p>REFER to Speech and Language</p>
<p><u>Fluency of speech</u></p> <p>Child's sentences are often disrupted by 3 or more repetitions of parts of words or short words e.g. "bi-bi-bi-biscuit", "can can can can I have".</p> <p>Child often struggles to get words out e.g. stops and then pushes the word out with effort.</p> <p>Child or parents show concern or distress re stammering.</p>	<p>This is sometimes known as Developmental Dysfluency and can be common in young children. Ask your health visitor or nursery or contact us directly for a referral. You may also want to look at this website www.stammering.org</p> <p>REFER</p>
<p><u>Voice</u></p> <p>Child has a persistently hoarse voice or abnormal vocal quality</p>	REFER
<p><u>Other communication difficulty</u></p> <p>Child is reluctant to speak to teachers / children at school or reluctant to speak to adults at home</p>	REFER
<p><u>Eating and drinking</u></p> <ul style="list-style-type: none"> • Child has difficulty eating certain textures. • Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice, and; <ul style="list-style-type: none"> - Child has recurrent chest infections - Child has lost weight. 	REFER

For Children aged 4 years 7 months – 5 years 6 months

Area of Concern:	What should you do?
<p><u>Understanding language</u></p> <p>Child <u>cannot</u> remember instructions without repetition or just follows what others are doing .</p> <p>Child misunderstands what they have been told or does not respond to instructions.</p>	<p>Speak to School nurse or teacher for some advice and a referral</p> <p>REFER</p>
<p><u>Expressive Language</u></p> <p>Child has a very limited spoken vocabulary and / or regular difficulty thinking of the right word. Child over uses non-specific words like “that thing”, “thingy”, “it” , “he”</p> <p>Child is not able to explain events so the listener knows what happened without being there e.g. is not able to tell you what they did at Nanna’s house, at the park etc.</p>	<p>You should ask for your child to be referred (or contact us to make a referral) they may need some assessment or help with their communication skills</p> <p>REFER</p>
<p><u>Play and Social communication</u></p> <p>Child cannot take turns in conversation or interactions with others</p> <p>Has poor eye contact, use of gesture or unusual intonation patterns</p> <p>Child has little interest in interacting with peers and/or prefers to play alone.</p> <p>Child demonstrates limited imaginative play and/or demonstrates repetitive behaviours such as spinning, repeating phrases or carrying out the same actions / play routines repetitively.</p>	<p>REFER to Neurodevelopmental Pathway</p> <p>(Child will be referred to Speech and Language as part of this process)</p>
<p><u>Clarity of Speech</u></p> <p>Child is difficult to understand due to many pronunciation errors</p> <p>At 5 ½ still not using <i>sh, j, ch</i>.</p> <p>PLEASE NOTE: It is too early to refer mispronunciations of “r , th, l”</p>	<p>Speak to School nurse or teacher for general advice & refer</p> <p>REFER</p>

<p><u>Fluency of speech</u></p> <p>Child's sentences are often disrupted by 3 or more repetitions of parts of words or short words e.g. "bi-bi-bi-biscuit", "can can can can can I have".</p> <p>Child often struggles to get words out e.g. stops and then pushes the word out with effort.</p> <p>Child or parents show concern or distress re stammering.</p>	<p>Refer for advice. You may also want to look at this website www.stammering.org</p> <p>REFER</p>
<p><u>Voice</u></p> <p>Child has a persistently hoarse voice or abnormal vocal quality</p>	<p>REFER</p>
<p><u>Other communication difficulty</u></p> <p>Child is reluctant to speak to teachers / children at school or reluctant to speak to adults at home</p>	<p>REFER</p>
<p><u>Eating and drinking</u></p> <ul style="list-style-type: none"> • Child has difficulty eating certain textures. • Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice, and; <ul style="list-style-type: none"> - Child has recurrent chest infections - Child has lost weight. 	<p>REFER</p>

For Children aged 5 years 7 months – 7 years

Your child is in school. If you have concerns about their speech, language or communication needs then speak to their teacher or the Special Educational Needs Co-ordinator (SENCo) in school. They will be able to give you some support or advice. They may agree with you and feel a referral is necessary.

Area of Concern:	What should you do?
<p><u>Understanding language</u></p> <p>Child is often confused when given whole class and individual instructions and has difficulty following and demonstrating understanding of stories read aloud.</p> <p>Child has difficulty following a conversation and often misinterprets meaning.</p>	<p>REFER</p>
<p><u>Expressive Language</u></p> <p>Child often has difficulty when trying to express himself in a logical coherent manner. E.g tell a story or give an explanation</p> <p>Child takes a long time to organise ideas into words and sentences</p> <p>Sentences are disjointed and lacking in content, frequently uses words like ‘thingy’ ‘it’ ‘that’ ‘there’ rather than being specific.</p>	<p>Speak to school for advice & support & refer</p> <p>REFER</p>
<p><u>Play and Social communication</u></p> <p>Child cannot take turns in conversation or interactions with others</p> <p>Child changes topic inappropriately from one to another.</p> <p>Has poor eye contact, use of gesture or unusual intonation patterns</p> <p>Child has difficulties with interacting with peers and making friends</p> <p>Child demonstrates limited imaginative play and/or demonstrates repetitive behaviours such as spinning, repeating phrases or carrying out the same actions / routines repetitively.</p> <p>Child mainly talks about a favourite topic and finds it difficult to show interest in another person’s topic</p>	<p>REFER to Neurodevelopmental Pathway</p> <p>(Child will be referred to Speech and Language as part of this process)</p>

<p><u>Clarity of Speech</u></p> <p>Child is difficult to understand.</p>	<p>If other people find it difficult to understand your child – refer for an assessment</p> <p>REFER</p>
<p><u>Fluency of speech</u></p> <p>Child's sentences are often disrupted by 3 or more repetitions of parts of words or short words e.g. "bi-bi-bi-biscuit", "can can can can I have".</p> <p>Child often struggles to get words out e.g. stops and then pushes the word out with effort.</p> <p>Child or parents show concern or distress re stammering.</p>	<p>Refer for advice. You may also want to look at this website www.stammering.org</p> <p>REFER</p>
<p><u>Voice</u></p> <p>Child has a persistently hoarse voice or abnormal vocal quality</p>	<p>REFER</p>
<p><u>Other communication difficulty</u></p> <p>Child is reluctant to speak to teachers / children at school or reluctant to speak to adults at home</p>	<p>REFER</p>
<p><u>Eating and drinking</u></p> <ul style="list-style-type: none"> • Child has difficulty eating certain textures. • Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice, and; <ul style="list-style-type: none"> - Child has recurrent chest infections - Child has lost weight. 	<p>REFER</p>

For Children aged 7 years – 11 years

Area of Concern:	What should you do?
<p><u>Understanding language</u></p> <p>Child is often confused when given whole class and individual instructions</p> <p>Child has difficulties following stories read to them.</p> <p>Child has difficulty following a conversation and often misinterprets meaning.</p>	<p>Speak to school for advice and support.</p> <p>REFER</p>
<p><u>Expressive Language</u></p> <p>Child often has difficulty when trying to express himself in a logical coherent manner, e.g. Tell a story or give an explanation.</p> <p>Child takes a long time to organise ideas into words and sentences</p> <p>Sentences are disjointed and lacking in content, frequently uses words like ‘thingy’ ‘it’ ‘that’ ‘there’ rather than being specific.</p>	<p>Speak to school for advice and support.</p> <p>REFER</p>
<p><u>Play and Social communication</u></p> <p>Child cannot take turns in conversation or interactions with others</p> <p>Child changes topic inappropriately from one to another.</p> <p>Has poor eye contact, use of gesture or unusual intonation patterns</p> <p>Child has difficulties with interacting with peers and making friends</p> <p>Child demonstrates limited imaginative play and/or demonstrates repetitive behaviours such as spinning, repeating phrases or carrying out the same actions / routines repetitively.</p> <p>Child mainly talks about a favourite topic and finds it difficult to show interest in another person’s topic</p>	<p>REFER to Neurodevelopmental Pathway</p> <p>(Child will be referred to Speech and Language as part of this process)</p>

<p><u>Clarity of Speech</u></p> <p>Child's speech is difficult to understand.</p> <p>Child has persistent difficulties with speech sounds.</p>	<p>REFER</p>
<p><u>Fluency of speech</u></p> <p>Child's sentences are often disrupted by 3 or more repetitions of parts of words or short words e.g. "bi-bi-bi-biscuit", "can can can can I have".</p> <p>Child often struggles to get words out e.g. stops and then pushes the word out with effort.</p> <p>Child or parents show concern or distress re stammering.</p>	<p>Refer for advice. You may also want to look at this website www.stammering.org</p> <p>REFER</p>
<p><u>Voice</u></p> <p>Child has a persistently hoarse voice or abnormal vocal quality</p>	<p>REFER</p>
<p><u>Other communication difficulty</u></p> <p>Child is reluctant to speak to teachers / children at school or reluctant to speak to adults at home</p>	<p>REFER</p>
<p><u>Eating and drinking</u></p> <ul style="list-style-type: none"> • Child has difficulty eating certain textures. • Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice, and; <ul style="list-style-type: none"> - Child has recurrent chest infections - Child has lost weight. 	<p>REFER</p>

For Children aged 12 years – 16 years

Area of Concern:	What should you do?
<p><u>Understanding language</u></p> <p>Young person displays at least ONE of the following:</p> <ul style="list-style-type: none"> • often confused when given whole class and individual instructions • has difficulty demonstrating understanding of information read aloud • has difficulty following a conversation • often misinterprets meaning 	<p>Speak to school for advice.</p> <p>REFER</p>
<p><u>Expressive Language</u></p> <p>Young person displays at least ONE of the following:</p> <ul style="list-style-type: none"> • often has difficulty when trying to express himself or explain an event in a logical coherent manner • takes a long time to organise ideas into words and sentences • Sentences are disjointed and lacking in content • frequently uses words like ‘thingy’ ‘it’ ‘that’ ‘there’ rather than being specific • sounds like a younger child when talking 	<p>Speak to school for advice.</p> <p>REFER</p>
<p><u>Social communication</u></p> <p>Young person displays at least TWO of the following:</p> <ul style="list-style-type: none"> • Talks about a single topic of conversation much of the time • Jumps from 1 topic to another without staying with a conversation • Has difficulty participating in conversation e.g. taking turns • Has difficulty interacting with others/making friends • Often misinterprets social situations • Cannot explain what went wrong socially • Difficulty using or reading nonverbal signs, e.g. facial expression, eye contact, tone of voice, gesture 	<p>REFER to Neurodevelopmental Pathway</p> <p>(Child will be referred to Speech and Language as part of this process)</p>
<p><u>Clarity of Speech</u></p> <p>Young person’s speech is difficult to understand and the young person is concerned about this.</p>	<p>REFER</p>

<p><u>Fluency of speech</u></p> <p>Young person's sentences are often disrupted by 3 or more repetitions of parts of words or short words e.g. "bi-bi-bi-biscuit", "can can can can can I have"</p> <p>Young person often struggles to get words out e.g. stops and then pushes the word out with effort</p> <p>Young person or parents show concern or distress re stammering</p>	<p>Refer for advice. You may also want to look at this website www.stammering.org</p> <p>REFER</p>
<p><u>Voice</u></p> <p>Young person has a persistently hoarse voice or abnormal vocal quality</p>	<p>REFER</p>
<p><u>Other communication difficulty</u></p> <p>Young person is reluctant to speak to teachers / others at school and cannot communicate a significant difficulty such as illness</p>	<p>REFER</p>
<p><u>Eating and drinking</u></p> <ul style="list-style-type: none"> • Child has difficulty eating certain textures. • Child regularly coughs when eating or drinking. You may also observe frequent throat clearing during/after eating and drinking, eye watering, reddening cheeks, gurgly voice, and; <ul style="list-style-type: none"> - Child has recurrent chest infections - Child has lost weight. 	<p>REFER</p>