

Preschool speech and language program referral information

Preschool Speech and Language Programs (SLPs) provide intensive support for children presenting with severe developmental language disorder and/or a severe speech disorder, who are making slow progress with their current targeted level of speech pathology support. SLPs target speech and language development through individual and small group work. Children also take part in the general preschool program.

There are eight SLPs across the metropolitan area. Each SLP has places for seven children with a teacher and support from a department speech pathologist.

Enquiries to discuss a child's eligibility and suitability for referral or any information that may be relevant to a decision to refer are welcome and can be directed to the senior speech pathologist at the local education office listed below.

Office	Phone	SLP Program	Program days/times
Felixstow	8366 8800	Bertram Hawker Kindergarten (Myrtle Bank)	Tuesday & Thursday: 8.15am to 3.45pm
		Glandore Community Kindergarten (Glandore)	Wednesday & Thursday: 8.45am to 2.45pm Friday: 8.45am to 11.45am
Flinders Park	8416 7333	West Lakes Kindergarten (West Lakes)	Monday: 9.00am to 3.00pm Tuesday: 9.00am to 12.00pm Wednesday: 9.00am to 3.00pm
Para Hills	8314 4000	John Hartley Children's Centre (Smithfield Plains)	Monday & Wednesday: 8.00am to 3.30 pm
		Lake Windemere Children's Centre (Salisbury North)	Monday & Wednesday: 8.45am to 2.45pm Thursday: 8.45am to 12.00pm
		Valley View Kindergarten (Valley View)	Monday & Wednesday: 8.30am to 3.20pm Friday weeks 1 & 2 of term: 8.30am to 3.20pm
Noarlunga	8207 3700	Brentwood Drive Kindergarten (Huntfield Heights)	Monday to Wednesday: 8.30am to 1.30 pm
		Flagstaff Oval Kindergarten (Flagstaff Hill)	Tuesday & Thursday: 8.45am to 3.30pm Friday even weeks of term: 8.45am to 11.45am

Eligibility and suitability criteria

When considering placement in a SLP a holistic assessment process is required taking into consideration the following eligibility and suitability criteria:

- the child will be, or is, eligible for full time preschool
- diagnosis of severe developmental language disorder and/or a severe speech sound disorder with indicators of the need for intensive support
- no other additional disability, syndrome or disorder known to cause or be strongly associated with language disorder or speech sound disorder and likely to impact on their ability to access and participate in the program has been identified (eg autism spectrum disorder, intellectual disability or global developmental delay, other related neurological disorders, pervasive behaviour difficulties not related to language disorder)
- average visual/spatial/perceptual cognitive skills as assessed by a psychologist
- hearing is adequate for speech and language development. See 'Additional relevant information' below.

Suitability for SLP placement is not made based on test scores alone. A child may 'meet' eligibility criteria for speech pathology and psychology, however indicators for intensive support as provided in the SLP may not be present. When considering the child's family, social and learning needs, the functional impact of their communication needs and the child's response to intervention to date, placement for some children may not be recommended. Other support options may be investigated.



Regular attendance at the SLP is essential. Family capacity for the child to attend on the SLP days and commitment to regular attendance should be considered when making decisions to refer. When raising this option with families it is helpful to consider and discuss what placement in a SLP (if offered and accepted) may mean for current speech pathology services. Dual servicing for speech pathology may not necessarily be appropriate for children while in the SLP.

Information for families about SLPs is available.

Referral process

Children who will otherwise attend a department preschool should be enrolled at their local preschool.

Applications will include:

- speech pathology report (within last 3 months)
- psychology report (within last 12 months)
- evidence of hearing assessment/screen (within last 12 months)
- Request to Investigate Enrolment in a Special Option SE03: Speech and Language Program
- Childcare/children's centre/preschool information document (if attending)
- other relevant reports, medical, occupational therapy as relevant
- parent/carer observations (optional).

All documentation is required by the senior speech pathologist at the local education office by **Friday week 4, term 4** for placement commencing the following year. Where a psychology assessment has not been undertaken all other documentation should be provided by **Friday week 1, term 4**.

If an application is made to more than one SLP the referring speech pathologist will send a copy of the application to the senior speech pathologist, in each relevant local education office.

If there are vacancies at any time during the year, an extraordinary panel is required to offer placement. The due date for applications can be obtained from the senior speech pathologist at the local education office.

Speech pathology referral information

The application should reflect the decision to consider intensive support through:

- the description of the assessment findings, relevant history and clinical observations
- the functional impact of the communication needs
- the child's response to intervention to date.

Addressing the eligibility criteria

A holistic speech pathology assessment process is required within three months of the SLP application closure date. The most appropriate assessment instruments will be determined by the speech pathologist with consideration to:

- the nature of the child's speech and language needs
- cultural and linguistic background of the child
- other factors that can influence the assessment process.

Evidence gathered should demonstrate a severe developmental language disorder (ie at or below the 2nd percentile) and/or a severe speech sound disorder with indicators of need for intensive support.

The following information may be relevant to include:

Speech Production

For children/students with a speech sound disorder:

- standardised assessment (for example, DEAP; HAPP 3; VMPAC; other)
- oro-motor skills
- phonetic repertoire
- sound stimulability

- analysis of speech production error. For example, phonological processes (single word & conversational levels); phoneme collapse
- intelligibility (single word & conversational levels)

For children being referred due to their speech sound disorder, a copy of the most recent speech assessment form should be included. A general description of speech production should be included for children with developmental language disorder only.

Language

Receptive Language

- standardised assessment (for example, NRDLS, PLS-5, CELF-P2; other)

For children with developmental language disorder:

- information carrying word level
- information on concept knowledge

Expressive Language

- standardised assessment (for example, NRDLS, PLS-5, CELF-P2; other)
- mean length of utterance (morphemes)
- range of length of utterance
- vocabulary: size, grammatical categories
- information on connected language; a copy of a narrative sample and/or a sample of conversational language should be included

Language Use

- communicative intent
- initiating, responding, description, questions, directions
- turn-taking, topic maintenance and appropriateness

Non-verbal communication

- signing, augmentative or alternative communication
- gesture, grunting, pointing, acting out message
- eye contact

Behaviour

- attending and listening behaviours
- social interaction skills
- frustration or avoidance, particularly for communication tasks
- temperament
- any extreme or challenging behaviours

Intervention goals and progress

- history of speech pathology assessment and interventions including frequency of intervention
- summary of recent goals, interventions and progress
- description of support (for example, individual support, small group work, etc).

Psychology referral information

Where a psychological assessment cannot be arranged through another agency or private practitioner, a department psychologist may assist in this process.

The role of the department psychologist is to assist with determining a child's eligibility and suitability for placement in a SLP in collaboration with the senior speech pathologist and/or SLP speech pathologist.

Consideration should be given to the child's family, social, and learning needs. Communication between the assessing psychologist and senior speech pathologist and/or SLP speech pathologist prior to undertaking the psychology assessment is essential.

A holistic psychology assessment process is required within 12 months of the SLP application closure date. The psychology report should include a description of the assessment results as well as relevant clinical observations, such as:

- the length of test administration time
- number of sessions over which the test was administered
- listening and attending behaviours
- fine motor skills
- social skills
- any frustration or avoidance behaviours, particularly for communicative tasks.

IQ scores must be supplied in an appendix to the psychology report, for review by the psychologist on the preschool SLP placement panel.

Addressing the eligibility and suitability criteria

The most appropriate assessment instrument will be determined by the psychologist.

Assessment instrument selection should take the following factors in to consideration:

- cultural and linguistic background of the child
- developmental history
- information from the speech pathologist about the nature of the child's speech and language concerns
- other factors that can influence the assessment process.

The psychologist should use a recognised, standardised, individually administered test of cognitive functioning, which includes both verbal and visual/spatial/perceptual indices. In some cases the psychologist may determine that a non-verbal test of cognitive functioning is most appropriate.

A comprehensive assessment to gain a full cognitive ability profile of the child should be attempted. Brief or short forms of an assessment are not acceptable. Adequate time should be allowed to complete the assessment, to ensure the results reflect the child's true current potential.

All core subtests contributing to the overall cognitive ability profile of the child should be attempted and reported. All core subtests contributing to visual/spatial/perceptual cognitive abilities that do not require an oral response, must be administered and reported.

Poor fine motor control rather than cognitive skills may deflate scores on some subtests. If so, this should be noted in the report. The verbal scales should also be attempted and the results reported. It may not be possible to obtain a valid verbal scale score for children with severe speech difficulties. If so, this should be noted in the report.

Psychometric assessment is seeking to identify average visual/spatial/perceptual cognitive skills in the child's development. In terms of eligibility for a SLP, the average range is defined as strictly the 25th percentile or above, not including confidence intervals.

Where a child scores just below this range, the application may be considered dependant on additional information provided. Additional information should include details such as:

- the child's developmental history
- visual/spatial/perceptual play interests and skills (i.e. construction, puzzles, or art)
- assessment presentation
- concentration and attention to tasks
- assessment environment and length of assessment
- suitability of placement.

The child should demonstrate sound adaptive behaviour skills, substantiated by observed descriptive evidence of the child's behaviour in their educational and/or home environment. While formal assessment of adaptive behaviour is not required, this may contribute to understanding the child's strengths and needs in some circumstances.

Psychologists can contact the senior psychologist/psychologist on the preschool SLP placement panel with any questions. Contact details for the relevant local education offices can be located above.

Additional relevant information

Audiology (essential)

Hearing thresholds need to be better than 35dB binaurally (ie under 35 decibels across a four- frequency average: 500, 1000, 2000 and 4000 Hz) or under 45dB if there is a unilateral loss.

Evidence of hearing assessment must have been completed within 12 months of referral.

A screening assessment by an allied health worker is adequate provided there is a copy of the child's audiogram.

If the assessment cannot be satisfactorily completed or the child shows evidence of a hearing loss, then a referral to an ENT/audiologist is required to clarify the nature of the child's hearing loss.

Childcare/children's centre/preschool information (if attending)

If the child is attending an early childhood education program the director/teacher is asked to complete this form for SLPs, giving information about the child's participation and areas of need.

Parent information (optional)

Information describing how the child interacts, talks, plays, and behaves in different situations may assist assessment of the child's areas of need.