

## INFORMATION & REFERRAL FORM FOR SPEECH THERAPY IN SCHOOLS & CHILD CENTRES

SpeechNet Speech Pathology & Learning Centre has two clinics (Holland Park West and Springfield Lakes). We also provide services to home, school, Kindy and Child Care Centres in Brisbane through to Ipswich. Skype services are also provided when direct access cannot occur.

SpeechNet focuses on providing assessment and therapy services to children 0 -18 years. Dr Sandra McMahon is a speech pathologist with significant clinical and research experience. Dr McMahon supports a small team of qualified Speech Pathologists with skills to provide quality centre based services with a goal to empower students, parents and teachers/Carers. SpeechNet has been providing services in schools and centres since 2002 and have found that school & centre based therapy is an excellent alternative for children who are unable to attend before/after school or Saturday clinic appointments. All SpeechNet staff have a blue card.

### WHAT WE CAN HELP WITH

SpeechNet Speech Pathology offers assessment and therapy services for communication, learning and feeding difficulties including:

- Speech development & clarity
- Fluency
- Understanding & Listening Sills
- Sentence development
- Grammar -spoken & written skills
- Reading
- Spelling
- Social skills

### HOW TO GET THERAPY STARTED AT A SCHOOL/ CENTRE

- 1 Parents and or teachers identify if a child may require speech pathology input.
2. The SpeechNet Speech Pathology referral form below is then completed by the Child's parent/carer. The form can be Downloaded by the teacher/Centre staff to give to a parent or the parent can download the form themselves. Further referral forms can be Downloaded from the website under School Services.
3. The completed & signed referral form needs to be emailed to [info@speechnet.com.au](mailto:info@speechnet.com.au)
4. A member of the SpeechNet Speech Pathology team will contact the parent or carer to discuss availability of services and to gather further information about the services being requested and current concerns for the child.
5. Generally an assessment is initially conducted and this can be completed at one of our clinics or at the site of choice once permission forms to provide services on a particular school site is obtained. Once the assessment has been completed, a day is arranged for ongoing therapy at school during school/ Centre hours.

### FUNDING OPTIONS FOR SPEECH THERAPY

Parents generally pay privately for speech pathology, and may be eligible to access some rebates through their private health insurance fund depending on their level of cover. Ask your GP about referring your child to SpeechNet Speech Pathology under an Enhanced Primary Care plan, which is also known as a Chronic Disease Management plan. If deemed eligible by your GP, your child may be able to access Medicare rebates for up to 5 therapy sessions. The rebate for each session is approximately \$50. Other funding such as NDIS, HCWA and Better Start may also be used. Payment methods and charges will be discussed further when our SpeechNet team member contacts you following receiving the referral form.

#### Two Locations:

62 Nursery Road  
Holland Park West QLD 4121

Tenancy 17/18, Level 2, Tower B  
Spring Lake Metro Shopping Centre  
Springfield Lakes QLD 4300

#### Both Sites & All Services

07 3349 9234  
[info@speechnet.com.au](mailto:info@speechnet.com.au)

## SPEECH, LANGUAGE & LITERACY CHECKLIST FOR PRE-PREP to YEAR 12

The following check list for School may be assist in determining the need for a referral to SpeechNet Speech Pathology. Tick where appropriate and please consider referral to SpeechNet Speech Pathology for an assessment. Call us today on 07 3349 9234 if you would like to discuss or clarify concerns.

### PHONOLOGICAL AWARENESS / READING & SPELLING

- Has trouble clapping/counting syllables in spoken words
- Doesn't understand or enjoy rhyme
- Struggles to link letters to their sounds
- Struggles to sound out or attempt to spell unfamiliar words

### SPEECH PRODUCTION

- Substitutes sounds in words e.g. fing for thing, wabbit for rabbit
- Has trouble saying long or difficult words e.g. hippopotamus, specific, hypothesis
- Confuses similar sounding words with another e.g. empty/entry
- Makes frequent spoonerisms by mistake e.g. "boo blottle" for "blue bottle"
- Has difficulty with tongue twisters e.g. "she sells sea shells"

### VOCABULARY & WORD FINDING

- Shows poor memory of classmates names
- Uses lots of "ums" "ahs" and pauses frequently
- Uses unspecific words e.g. things, stuff, it, what you call it
- Struggles to retrieve specific words e.g. calls a zebra a horse
- Shows difficulty remembering word sequences e.g. months of the year, alphabet

### RECEPTIVE LANGUAGE (Understanding & Listening)

- Has trouble understanding and following instructions, requiring frequent repetition of commands
- Responds to only part of questions or instructions
- Has trouble predicting outcomes Struggles with spatial concepts e.g. left and right, above and below
- Has trouble understanding age appropriate stories
- Difficulties working out what the task of an assignment or worksheet is requiring
- Misses the underlying meanings and other inferences

### EXPRESSIVE LANGUAGE (talking and writing skills)

- Makes errors in grammar e.g. "she falled over" instead of "she fell over"
- Demonstrates small vocabulary e.g. uses bad to mean naughty, mean, angry, insulting
- Struggles to explain ideas or give instructions
- Stories are incomplete or confusing or events are poorly sequenced
- Uses short sentences and without detail
- Struggles to stay on topic or turn take in conversation

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## REFERRAL FORM FOR SCHOOL/ CENTRE BASED SPEECHNET SPEECH PATHOLOGY

Please email this form to [info@speechnet.com.au](mailto:info@speechnet.com.au)

### CLIENT'S DETAILS:

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age at Referral: \_\_\_\_\_

Parent's/ Carer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Address: \_\_\_\_\_ Email: \_\_\_\_\_

### CHILD'S SCHOOL OR CENTRE REQUIRED FOR THE SERVICE:

Name of School/ Centre: *(please indicate if skype services are needed)* \_\_\_\_\_

Address of School/ Centre: \_\_\_\_\_

### AREA/S OF KEY CONCERNS:

Please tick as appropriate the key area/areas of concern:

Speech development/clarity	<input type="checkbox"/>	Late Talking	<input type="checkbox"/>	Listening and Auditory Understanding	<input type="checkbox"/>
Reading Accuracy	<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>	Spelling	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	Vocabulary/ Word Finding	<input type="checkbox"/>	Social Skills	<input type="checkbox"/>
Assignment approach or success	<input type="checkbox"/>	Other: <i>Please specify</i>			<input type="checkbox"/>

### PARENTAL CONSENT FOR REFERRAL TO BE MADE:

As my child's parent/carer, I authorise SpeechNet Speech Pathology to provide Speech Pathology services for child (child's name) \_\_\_\_\_ at either a clinic based and/or at school during school/ care hours as deemed suitable by the classroom teacher, learning support team and speech pathologist.

\*Signature of Parent/guardian:; \_\_\_\_\_ Date: \_\_\_\_\_

### REFERRER'S DETAILS:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Please Indicate if you are the child's: Parent/GP/Paediatrician/teacher/other

Referrer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that by completing this form, you are consenting to phone/email contact from SpeechNet Speech Pathology

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