DECD PRESCHOOL SPEECH AND LANGUAGE PROGRAMS

REFERRAL INFORMATION 2012

Speech and Language Programs provide a high level of specialised support for children whose severe specific speech and/or language impairment is their primary area of need, and who are making slow progress with their current level of speech pathology support.

The programs seek to improve children’s learning in all areas of the curriculum by providing opportunities for individual and small group work in addition to their participation in the general preschool program. Speech and Language Programs are available in a number of preschools across the metropolitan area.

ELIGIBILITY FOR REFERRAL - Primary Criteria (essential)

1. Children will present with severe specific language impairment and/or severe specific speech impairment, in accordance with DECD Speech Pathology Severity Scales, i.e. a score of more than 2 standard deviations below the mean or below the 3rd percentile on standardised assessment.

2. Children will have non-verbal intellectual functioning of 90 or greater (+ 95% confidence intervals) using a standardised individually administered assessment (WPPSI-III, Differential Ability Scales (DAS - II) Stanford-Binet V, or the full version of the Leiter International Performance Scale-Revised), administered by a registered psychologist.

3. Statistics have shown that children achieve the best outcomes in the Speech and Language Programs when they attend for at least 3 terms. Therefore, family commitment to this length of time in the program is required.

4. Aboriginal children and children under the Guardianship of the Minister are eligible to begin preschool at 3 years of age and continue until the age of 6 years of age. These children are also eligible to access the Preschool Support Program and intensive services such as the Speech and Language Program at an earlier age.

5. Eligibility and age of entry into the Speech and Language Programs for Aboriginal children and children under the Guardianship of the Minister will be decided on an individual basis by the Intake Panel. It is recommended that for most children 4 years of age will be the most beneficial time to enter the program due to the intensity of intervention and support.

6. For all other children 4 years of age is the earliest point of entry to the program and the latest point of entry is the beginning of the child’s third term of “full time” preschool (i.e. four sessions a week). Entry at the beginning of the child’s 3rd term will be considered only where the child’s family agree to one term of extended enrolment at preschool, thereby ensuring the minimum period of three terms in the speech and language program.

7. Where a child’s preschool enrolment has been delayed, the referring speech pathologist may contact the Region office to discuss possible extension of the age range.

8. Hearing must be assessed by Child Youth and Women’s Health Service, or an audiologist/ENT specialist as adequate for speech and language development (i.e. hearing thresholds better than 35dB)

9. There should be no significant additional disability, syndrome or disorder.
ELIGIBILITY FOR REFERRAL - Secondary Factors
Where children cannot be differentiated on the basis of the primary criteria, higher priority will be given to children whose:

- Documented progress over at least a three month period of speech pathology intervention has been minimal.
- Communication impairment is significantly impacting on their social and adaptive behaviours

This program may not best meet the needs of children requiring a high level of support for challenging behaviours. If there is doubt about the level of support that a child might need, due to extremely challenging behaviours, they should be referred to the Preschool Support Program. These children may benefit from a term of Preschool Support with a behavioural plan that addresses their specific needs, and then reapplication to the Speech and Language Program in the following term.

REFERRAL PROCESS
Referrals are accepted from speech pathologists, with additional information provided by psychologists.

**Referrals should be forwarded to the Manager Regional Support Services at the DECD regional office for the program location under consideration.**

Children must be referred to the program(s) nearest to their place of residence, irrespective of vacancies. Children will be considered for this program in the first instance, unless there are family circumstances which mean that another program is preferable. In this case, the referring speech pathologist should contact the Manager Regional Support Services of the program they wish to apply for.

To avoid children becoming tired from travelling long distances, it is considered that travel time from home to a program should not exceed 30 minutes. Panels should take this into consideration when offering places in a Program that is further than 30 minutes from the child's place of residence.

If referrals are being made to programs in more than one Region, the referring speech pathologist must send a copy of the referral to the Manager Regional Support Services in each regional office.

Where a child is referred to the Speech and Language Programs by an external agency and DECD support services have not previously been involved:

a) The child will need to be enrolled at their local DECD preschool and referred to Regional Support Services - Speech Pathology, Psychology and disability services.

b) A DECD speech pathologist, psychologist or disability coordinator (from the region with the SLP nominated as 1st preference) will then visit and observe the child prior to the intake meeting.

c) Observations are to be clearly documented and this information will then be used, in conjunction with formal assessments, to ensure applicants are appropriately placed in the Speech and Language Programs. This information will be shared with intake panels for any other speech and language programs the child has been referred to.

d) If the initial psychological assessment does not provide adequate information regarding the child's behavioural profile, communication will need to occur with the external psychologist prior to the intake meeting. This additional information will inform the Intake Panel in making recommendations around placements.
The referring speech pathologist has a responsibility to:

- Provide families with information regarding enrolment at their local preschool as a prerequisite for DECD psychological assessments (Information available through local Region Offices, contact details provided on Information Form attached)
- Obtain written family consent on the Parent Information & Referral Form and agreement from families/caregivers to support the child's individual program and ensure regular attendance.
- Ensure that the required assessments have taken place within the specified time frame
- Provide the referrals to the DECD Region office by:
  1. The end of week 2 of the term prior to anticipated commencement where a DECD psychological assessment is required. This assessment will be arranged through the Region office where the first preference program is located and the Manager Regional Support Services will assist the family through this process.
  2. The end of week 5 of the term prior to anticipated commencement if the psychological assessment is carried out by another agency or private practitioner.
- If the child is being referred to more than one program, where programs are located in different Regions, information/referral packages must be sent to each Region.

The referring speech pathologist is also asked to:

- Activate the referral for each term that the child is to be considered for entry into a program. If a child is unsuccessful in obtaining a place in a program they may be referred the following term, if they are still within their eligible preschool terms.
- Remind families that the child will firstly be considered for programs within their local region (or closest to their place of residence) and transportation to Programs is only provided in special circumstances.
- Ensure the families are informed of the ongoing process for application and entry into the SLP for example:
  - A limited number of spaces are available each term and there are generally a high number of applicants.
  - Children are prioritised according to level of need.
  - Alternative support programs may be available if children are unsuccessful in gaining a place.
  - Children can be re-referred to the Speech and Language Program while they continue to meet the Primary Criteria.

**Referral checklist**

- Parent Information and Referral form signed by family (form attached)
- Speech pathology assessment report/review *(within last 3 months)*
- Psychology assessment report *(within last 12 months)*
- Audiogram and report *(within the last 12 months, by an audiologist / CYWHS nurse)*
- Preschool/child care report (form attached)
- Check that child is enrolled in a DECD service and that a referral has been made to Support Services by the kindergarten
- Other relevant reports (eg. medical, occupational therapy )
- Parent observations (optional)
SELECTION PROCESS
Only referrals accompanied by all required information will be considered. Assessment of eligibility and priority is made on the basis of information provided in reports. Priority for entry will be given to the child/ren with the highest levels of need according to the entry criteria.

Families and the referring person will be informed of the outcome of the intake process by the end of the preschool term. Children accepted into the program enrol at the Speech and Language Program preschool and are referred to DECD Disability Support Services if this has not already occurred. Once families have accepted the offer of a place in a Speech and Language Program they can then contact the preschool director to organise a visit and finalise the enrolment. Families of children accepted for the program can then contact the preschool director to arrange a Speech and Language Program visit during the final weeks of term.

PROCESS FOR RE-REFERRAL
- Children who are eligible for entry but who were not offered a place in a speech and language program may be re-referred for consideration in the following term, providing they continue to meet the primary criteria
- The referring speech pathologist is responsible for re-activating the referral.
- A progress report must be provided, together with the results of any recent assessments that may have been conducted.

IMPORTANT DATES
Information and reports required by:
- The end of Week 2 if an assessment conducted by a DECD psychologist is required.
- The end of Week 5 when an assessment has been conducted by a private practitioner or another government agency psychologist or when children are re-referrals.

Intake Panels are conducted on:
- Monday of Week 8 in Terms 1, 2, 3 & 4. If the Monday is a Public Holiday, Panels will meet on the Tuesday of Week 8

Closing dates for referrals 2012

<table>
<thead>
<tr>
<th>Anticipated entry to program</th>
<th>Closing date if DECD psychology assessment required</th>
<th>Closing date if psychology assessment provided by another agency/practitioner</th>
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<tbody>
<tr>
<td>Term 3 2012</td>
<td>4th May</td>
<td>25th May</td>
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<tr>
<td>Term 4 2012</td>
<td>27th July</td>
<td>17th August</td>
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<tr>
<td>Term 1 2013</td>
<td>19th October</td>
<td>9th November</td>
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ESSENTIAL SPEECH PATHOLOGY REFERRAL INFORMATION

Assessment/review must have been completed within 3 months prior to referral

The following information about the child's abilities must be included in the speech pathology report

<table>
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<tr>
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<th>Children with specific speech impairment only</th>
<th>Children with specific language impairments or specific speech and language impairments</th>
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</table>
| **Speech production** | - Intelligibility (single word & conversational levels)  
- Sound stimulability  
- Phonetic repertoire  
- Phonological processes (single word & conversational levels)  
- Oromotor skills | General description of speech production for children with language impairment only.  
This detailed information described in the left hand column is required where the child also has speech impairment. |
| **Receptive language** | Appropriate standardised assessment:  
Eg. Reynell III, PLS 4 CELF-P2, TACL-3 | - Reynell-III  
- Information carrying word level  
eg. Derbyshire Language Scheme (DLS) and Concepts – eg informal/Frankston |
| **Expressive language** | - Mean length of utterance (morphemes)  
- Range of length of utterance  
- Vocabulary: size, grammatical categories  
- Appropriate assessment (eg. DLS, CELF-P2, PLS4, RAPT-R, Reynell III). | |
| **Language use** | - Communicative intent  
- Initiating, responding, description, questions, directions  
- Turn-taking  
- Topic maintenance and appropriateness | |
| **Non-verbal communication** | - Sign language  
- Gesture, grunting, pointing  
- Acting out message  
- Eye contact | |
| **Behaviour** | - Attending and listening behaviours  
- Social interaction skills  
- Frustration or avoidance, particularly for communication tasks  
- Any extreme or challenging behaviours | |
| **Intervention goals and progress** | - Summary of recent goals and child's progress  
- Details of therapy approaches that have and have not been successful  
- Period over which the child has received speech pathology intervention | |
| **Frequency of intervention** | - How often seen by the speech pathologist (eg. Fortnightly)  
- How often/how much other support is provided (eg. Preschool support)  
- How much input family is able to provide at home (ie. Incidental and specific) | |
ESSENTIAL PSYCHOLOGY REFERRAL INFORMATION

* Assessment must have been completed within 12 months of referral

The following information about the child’s abilities must be included in the psychological report

<table>
<thead>
<tr>
<th>Non-verbal abilities</th>
<th>The report must include a description of the child’s non-verbal abilities. IQ scores must be supplied in an appendix to the psychologist on the selection panel. Accepted assessments are standardised individually administered Intelligence Tests as follows:</th>
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<tbody>
<tr>
<td></td>
<td>* WPPSI-III (administer core Verbal subtests, + core and supplementary Performance subtests. Supplementary subtests may provide additional information where more extensive information regarding the child’s abilities is needed.</td>
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<tr>
<td></td>
<td>* Please note - caution is to be used when the WPPSI-III is administered to children under 4 years of age in this application process</td>
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<tr>
<td></td>
<td>* Differential Ability Scales – Second Edition (administer all core subtests)</td>
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<tr>
<td></td>
<td>* Stanford-Binet V (administer all core subtests)</td>
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<tr>
<td></td>
<td>* Leiter International Performance Scale-Revised (administer all subtest which make up the Full IQ measure)</td>
</tr>
<tr>
<td></td>
<td>* Weschler Nonverbal Scale of Ability (administer all core subtests)</td>
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</table>

The appropriate assessment tool will be determined by the psychologist following review of referral information and/or discussion with the speech pathologist. If possible the complete assessment should be administered (i.e. where the test provides both Verbal and Non Verbal measures both components should be administered). However, where the child is unable to complete the verbal components, the non-verbal IQ only is acceptable.

* Brief or short forms of an assessment are not acceptable.

The Psychologist on the intake panel will make a judgement on the Primary Criteria based on the test results and other testing considerations.
| Behaviour                                      | Length of test administration time/number of sessions over which test was administered  |
|                                               | Attending behaviours                                                              |
|                                               | Listening behaviours                                                               |
|                                               | Social, interactive skills                                                        |
|                                               | Frustration or avoidance, particularly for communicative tasks                     |
|                                               | Any extreme or challenging behaviours                                             |
| Play skills                                   | General comments regarding the level and type of play observed.                    |

**OTHER RELEVANT PROFESSIONAL REPORTS**

| Audiology (essential) | Hearing thresholds need to be better than 20dB binaurally or under 45dB if there is a unilateral loss. |
|                      | Assessment must have been completed within 12 months of referral.                  |
|                      | A screening assessment by a Child Youth & Women's Health nurse is adequate. However, a copy of the child's audiogram is required. |
|                      | 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 further clarify the nature of the child's hearing loss. |
|                      | Where further assessment is required within a short timeline, audiologists request that the referring speech pathologist contact them to negotiate this service. |

| Preschool/childcare (essential) | Staff are asked to complete a Preschool/Child Care Information Form, giving information about the child's participation and areas of need. |

| Parent information (optional) | A few notes describing how the child mixes, talks, plays and behaves in different situations may assist assessment of the child's areas of need. |