



INDEPENDENT LIVING, INC.- PEDIATRICS  
5959 CENTRAL AVENUE, SUITE 102, ST. PETE FL 33710  
(813) 963-6923 OR TOLL FREE (866) 963-6923

## Guidelines for when to refer for a speech and language screening

*What types of problems does a speech pathologist address?*



Language Disorders (Expressive and Receptive)  
Speech (Articulation) Disorders  
Fluency Problems (Stuttering, cluttering)  
Voice Problems  
Hearing Losses and Associated Assistive Devices



*When do I refer for a speech and language screening?*

### Language

Difficulty with:

1. Using classroom vocabulary.
2. Word finding.
3. Using age appropriate grammar
4. Forming complete sentences 4-5 words in length. K-1st-length should increase as age increases. (Verbally and written)
5. Answering questions appropriately (who, what, where and why).
6. Following directions with increasing complexity for age.
7. Following conversational cues, turn taking, staying on task, ect.

### Speech (Articulation)

Difficulty with:

1. Pronouncing phonemes (speech sounds) correctly. See attached handout for age appropriate levels.
2. Understanding the student in conversation.
3. Communicating with peers, due to unintelligibility or speech errors. (Reminder: Many speech errors are normal and developmental in nature for most primary and preschool children, the most typical being w/r, f/th and a slight lisp for /s/, especially if they are missing front teeth.)

### Fluency (Stuttering)

Difficulty with:

1. Flow of student's speech. (Typically repeating the same word or phrase before completing the utterance) This can be normal based on student's age.
2. Secondary behaviors, such as hesitations (silence), interjections (uhh, umm, ahh), prolongations (mmmmmmom for mom), or any other distracting behaviors. (These behaviors evidence a stuttering problem vs. normal developmental stuttering periods).

## Voice

Difficulty with:

1. Quality of voice (hoarse, scratchy or frequently loses voice). This can indicate a pathology in the throat or vocal folds. Can be serious, needs to be referred to a physician before therapy can be initiated.
2. Pitch: too high or too low.
3. Inappropriate volume: either too loud or too soft.

## Hearing Loss

Difficulty with:

1. Paying attention: frequently distracted or “off in their own world”.
2. Following directions without asking too many questions repeatedly.
3. Using inappropriate volume (may be too loud).

## Age Appropriate Sounds

Age at which 75% of children can produce each sound.

Age	Sounds
3	m,n,h,p,ing,f,j,k,d,w,b,t,g,
4	s, r, l, sh, ch, v, z
5	th

These sounds are an average development guideline. There is a large range for what is considered normal. If you have any concerns or questions regarding when to refer to a screening, please do not hesitate to contact Aleisha Linck at ext. 226 or Carrie Guise at ext. 228.

If a child does not pass a screening, they are referred for a comprehensive speech and language evaluation. Through skilled standardized assessments areas of concern can be determined and age equivalencies be assessed. Collaboration with the parents/teacher is vital in establishing long/short term goals



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## Guidelines for when to refer for an occupational therapy screening

*What types of problems does an occupational therapist address?*



Activities of Daily Living  
Visual Motor Delays  
Sensory Processing Deficits

Fine Motor Delays  
Visual Perceptual Deficits  
Motor Planning Deficits



*When do I refer for an occupational therapy screening?*

### Activities of Daily Living

Difficulty with:

1. Feeding self independently
2. Drinking from a regular cup
3. Assisting in don/doff clothing
4. Brushing teeth and hair independently

### Fine Motor Development

Difficulty with:

1. Determining hand dominance
2. Using a mature grasp on a pencil/marker
3. A weak hand/joint strength
4. Manipulative skill level (button, zipper, snap, pegs)
5. Kinesthetic awareness (body awareness)
6. Scissor skills
7. Distal arm control
8. Letter legibility in print or cursive

### Visual Motor Development

Difficulty with:

1. Throwing/catching a ball, bean bag
2. Copying geometric forms/shapes
3. Tying shoes
4. Building with blocks
5. Coloring within the lines
6. Cutting on a line (straight and curved)
7. Copying name in print that can be read

## **Visual Perceptual Skills**

Difficulty with:

1. Matching like shapes
2. Completing form fit and interlocking puzzles( age appropriate)
3. Recognizing numbers and letters
4. Arranging objects by size
5. Successfully completing mazes and dot-to-dot (age appropriate)
6. Visually recognizing sequences or patterns
7. Following a moving target
8. Completing assignments in a legible manner

## **Sensory Processing Skills**

Difficulty with:

1. Sensory sensitivity to touch, smells, sounds, movement, light
2. Maintaining attention to task
3. Following multi-step directions
4. Emotional reactiveness observed (easily angers or cries)
5. Social skills observed
6. Playground play/activity level determined
7. Endurance/tone noted

## **Motor Planning**

Difficulty with:

1. Riding a tricycle, bike
2. Running, skipping, hopping and balancing on one foot
3. Climbing and jumping
4. Following multi-step obstacle course
5. Catching a small tennis ball
6. Jumping rope

If a child does not pass a screening, they are referred for a comprehensive occupational therapy evaluation. Through skilled standardized assessments areas of concern can be determined and age equivalencies be assessed. Collaboration with the parents/teacher is vital in establishing long/short term goals as well as a HEP (home exercise program).



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### Guidelines for when to refer for a physical therapy screening

*What types of problems does a physical therapist address?*



Gross Motor Skills  
Weakness  
Muscle Imbalance  
Need for Braces (Orthotics) or shoe inserts

Balance/Coordination  
Orthopedic Asymmetries  
Postural Deficits



*When do I refer for a physical therapy screening?*

The physical therapy categories listed above encompass all of the items below.

Difficulty with:

1. Walking/running
2. Ascending/descending stairs
3. Clumsiness/frequent falling
4. Ball play-catch, throw, kick, bounce
5. Swinging
6. Climbing
7. Riding a bike/tricycle
8. Jumping over, down, or forward
9. Balance on 1 leg
10. Hopping
11. Skipping
12. Galloping
13. Coordination
14. Jumping rope
15. Walking a balance beam or straight line
16. Correct posture

If a child does not pass a screening, they are referred for a comprehensive physical therapy evaluation. Through skilled standardized assessments areas of concern can be determined and age equivalencies be assessed. Collaboration with the parents/teacher is vital in establishing long/short term goals