

PEDIATRICS: Speech Guidelines for Referral to Speech-Language Pathologists (SLPs)

Most Common Etiologies:

- Cerebral palsy
- Craniofacial disorders (e.g., cleft lip/palate)
- Functional articulation and/or phonological disorders

Related Terms:

Apraxia of speech, articulation, developmental delay, dysarthria, intonation, intubation, nasality, phonological disorder, prosody, resonance, slurred speech, sound distortion, sound omission, sound substitution, speech, speech intelligibility, structural deviation, tracheostomy, velopharyngeal incompetence

Potential Consequences:

- Difficulty expressing needs or routine information intelligibly
- Difficulty communicating intelligibly to function at level of independence expected for age
- Difficulty expressing feelings intelligibly; may be at risk for frustration or depression
- Difficulty engaging successfully in social and/or classroom situations that require intelligible speech
- Difficulty achieving adequate intelligible speech to reach educational potential
- Risk for personal injury because of difficulty communicating intelligibly about a dangerous situation or calling for help

Behaviors¹ That Should Trigger an SLP Referral

By age 3* years cannot

- be understood by family and/or caregivers
- correctly produce vowels and sounds such as *p*, *b*, *m*, and *w* in words
- repeat when not understood without becoming frustrated

By age 4* years cannot

- be understood by individuals with whom they do not associate regularly
- be understood by family and/or caregivers
- correctly produce *t*, *d*, *k*, *g*, and *f* sounds
- be asked to repeat without becoming frustrated

By age 5* years cannot

- be understood in all situations by most listeners
- correctly produce most speech sounds
- be asked to repeat without exhibiting frustration

Disturbance in neuromuscular control

- speech is usually slurred, with difficulty controlling respiration for speech; exhibits abnormal loudness, rhythm, or vocal quality
- child has difficulty learning sounds to form words; may sound nasal, strangled, and/or breathy
- child becomes frustrated and/or avoids speech because of problems forming sounds or difficulty being understood

Disturbance in programming, positioning, and sequencing of muscular movements

- sound errors are prevalent but variable (e.g., “dog” could be produced as “dog,” “tog,” “gog,” or “god” by same child)
- child varies from rarely being able to produce sounds to ongoing speech that is rarely understood, or speech that is usually understood with frequent sound errors
- child is unaware of sound variations or exhibits varying degrees of frustration and/or anxiety regarding inability to “control speech”

¹Behaviors are clustered to indicate different levels of function and/or patterns commonly associated with different medical conditions or etiologies.

*Developmental age.

Disturbance in performing voluntary movements with mouth and vocal mechanism

- cannot produce movements for sound production, or sounds are produced without voice (whispered speech)
- varies from inability to produce any words to extreme difficulty being understood
- exhibits frustration and/or avoidance of speech due to difficulties

Hearing loss

- has prosodic disturbances in intonation, duration, and rhythm in addition to sound errors
- has difficulty differentiating between sounds; problems detecting and correcting sound errors
- produces no meaningful words, or sounds are understood only by family
- speaks loudly in high-pitched voice with frequent distortion, omission, and substitution of sounds

Autism, emotional disturbance, and/or intellectual disability

- intonation and/or rhythm of connected speech may sound abnormal
- volume may be consistently or intermittently too loud or too soft

Deviation in structure of speech mechanism

- has difficulty producing specific sounds and intelligible speech
- exhibits frustration and/or avoidance of speech
- has excessive nasality in speech
- has problems speaking clearly due to tracheostomy/ventilator dependence

Sudden decrease in speech intelligibility

- speech ranges from slurred but generally intelligible to total absence of speech or totally unintelligible speech
- awareness of sound errors ranges from extremely aware to totally unaware

Compliments of the
American Speech-Language-Hearing Association
www.asha.org
and