

## 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

### Behaviors<sup>1</sup> 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”

<sup>1</sup>Behaviors 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](http://www.asha.org)  
and