

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

### Most Common Etiologies:

- Autism
- Cerebral palsy
- Developmental delay
- Traumatic brain injury (TBI)

### Related Terms:

Abstract information, anosognosia, attention, cognitive rehabilitation, community entry/reentry, concrete information, emotional lability, eye contact, impulsivity, learning disabilities, memory, perseveration, pragmatics, redundant responses, social communication, tangential responses, vocalization

### Potential Consequences:

- Difficulty noticing, identifying, and communicating needs
- Lack of knowledge, memory, and/or ability to effectively communicate routine information
- Difficulty concentrating and controlling emotions (i.e., frequent irritability, anger, or frustration)
- Limited social skills; difficulty controlling emotions may negatively affect social success
- Difficulty functioning at level of independence expected for age
- Difficulty giving and/or receiving emotional support; at risk for frustration and depression
- Difficulty meeting educational potential, or loss of previous academic status due to inefficient new learning; difficulty organizing tasks, behavior, and language
- Risk for injury due to difficulty assessing and avoiding hazardous situations and seeking help in an emergency

### Behaviors<sup>1</sup> That Should Trigger an SLP Referral

#### By 6 months does not

- watch caregiver during feeding
- smile when seeing or hearing others or seeing self in mirror
- bang objects in play
- maintain eye contact
- imitate facial expressions (e.g., smile)

#### By 12 months does not

- show some initial fear of separation from caregiver
- show a desire to be with people
- use gestures and vocalizations to protest
- smile, laugh, or participate during games (e.g., “peekaboo”)
- reach for self in mirror
- display fear of strangers
- use voice to call others or to “answer” when another calls
- wave hi and bye

#### By 18 months does not

- start a game of “give and take” or “catch” with caregiver
- feed others (such as caregiver or pet)
- hug dolls, animals, or people
- shake head “no”
- retreat to caregiver when unfamiliar adult approaches
- use word (“no”) to protest
- imitate household activities (e.g., vacuums)
- perform lots of varying actions with toys, attempt to put toys away on request, or stack and assemble toys
- hand toy to adult for assistance

#### By 2 years does not

- use vocalization and words during pretend play
- use words to speak to others
- take turns listening and speaking with others
- show caregiver what he or she wants
- pretend to write or talk on the telephone
- use most toys appropriately
- begin sharing toys with other children
- talk to other children during play

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

Note: Determination of skill level may be difficult for children with sensory impairments or multiple handicaps, or for children who are nonverbal.

**Preschooler (age 3–5 years) does not**

- initiate greetings and social pleasantries
- speak in sentences and take turns talking
- provide first and last name
- organize or follow sequence of behaviors (e.g., dressing)
- follow rules for age-appropriate games and behavior
- anticipate activities in routine situations
- verbalize emotions instead of withdrawal or temper tantrum

**School-age child has difficulties with**

- communication
  - selecting appropriate words and names
  - knowing and remembering current events or personal history
  - providing appropriate responses in conversation
  - appropriately changing topic, initiating conversation, or ending a conversation
  - understanding humor
  - interpreting cues in conversation
  - understanding abstract information
- understanding concepts of time and money
- being organized, with limited problem-solving and judgment, and poor concentration
- anticipating consequences of own actions; is impulsive
- being aware of the extent of his or her difficulties, and behaving socially appropriately
- self-disciplining and self-monitoring to follow rules
- changing routine or schedule, and learning new rules

- planning and completing necessary daily activities
- managing time, money, and resources
- comprehending or applying abstract written information
- analyzing and solving personal or school-related problems
- assessing own strengths and weaknesses and developing strategies to improve
- managing multiple responsibilities simultaneously
- following directions to find a location
- managing emotions related to performance difficulties
- making, following, and modifying social or travel plans
- communicating effectively at home, school, or community (i.e., initiating communication, interpreting verbal and nonverbal responses, and modifying communication when feedback indicates it has not been successful)
- critiquing own performance, understanding the basis for feedback provided by teacher or peers, and managing emotions when feedback is unfavorable

*An SLP referral is also advised if the child exhibits sudden or significant gradual decrease in attention, pragmatics, memory, reasoning, judgment, self-control, social communication, or behavior; this may range from severe attentional problems and inability to participate in a conversation to subtle difficulties at home or school.*

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