



## Speech Pathology and Occupational Therapy for children under 10.

*An introductory pack for early learning centres and kindergartens.*



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# Introductory Pack for Early Learning Centres & Kindergartens

## Purpose

This introductory pack has been created to support early learning centres and kindergartens to get to know BillyLids Therapy, understand the way we work with young children, and explore how we can collaborate alongside educators to support positive developmental outcomes.

At BillyLids Therapy, we work exclusively with children under 10 and their families. We believe the early years are foundational, and we deeply value the role educators play in shaping children's communication, participation, regulation, independence, and confidence during this critical stage of development.

Our approach is playful, ethical, and evidence-based. We provide Speech Pathology and Occupational Therapy services that are child-centred, strengths-based, and grounded in real-life participation. We also recognise that meaningful progress happens best when therapists, educators, and families work together with shared goals and consistent strategies.

This pack is designed to give you a clear overview of who we are, the areas we support, and how we can work collaboratively with your team in a way that respects your centre's philosophy, routines, and learning environment. We hope it serves as a helpful reference and a starting point for open, respectful partnerships in supporting young children to thrive.





## Welcome

Welcome, and thank you for taking the time to learn more about BillyLids Therapy.



We are Rachelle and Rosanna, sisters and co-founders of BillyLids Therapy. Rachelle is a Speech-Language Pathologist and Rosanna is an Occupational Therapist. We grew up in Brisbane and have both spent our professional lives working with children and families across this community. Being sisters and working closely together shapes the way we practise, with a strong focus on collaboration, continuity, and understanding the environments children learn and grow within.

BillyLids Therapy was created to provide playful, ethical, and empowering care for children under 10. We believe therapy in the early years should be engaging and purposeful, grounded in evidence, and responsive to each child as an individual. Our integrated Speech Pathology and Occupational Therapy approach allows us to support children holistically across communication, regulation, independence, and participation in everyday life.

We hold deep respect for early learning educators and the vital role you play in children's development. Education has been part of our family across generations. Our mother, grandfather, and great grandmother were all educators, and this has shaped our appreciation for the professionalism, insight, and care required in early learning settings. We value educators' knowledge of children and see our role as working alongside you, not separately from you.

We look forward to partnering with your team to support children to grow, learn, and thrive.

## About BillyLids Therapy

BillyLids Therapy is a family-run paediatric Speech Pathology and Occupational Therapy service supporting children and families across Brisbane and the Gold Coast. We are based in Newmarket and Norman Park in Brisbane, and in Nerang on the Gold Coast, and work exclusively with children under 10 years of age.

Our practice is primarily clinic based, allowing us to provide therapy in consistent environments with access to specialist equipment and resources. Where appropriate, we also support children in their everyday environments, including at home, in daycare, and in kindergarten settings. We believe meaningful progress occurs when therapy is connected to a child's real world, and we work thoughtfully to ensure strategies can be carried over across settings in collaboration with families and educators.

Our approach is play-based, child-centred, and evidence-informed. We aim to create therapy sessions that feel engaging and purposeful, while supporting children's communication, regulation, motor development, independence, and participation in everyday activities.

BillyLids Therapy operates through a collaborative practice model, with Speech Pathologists and Occupational Therapists working closely together. We are also deeply committed to quality care and clinician wellbeing. Our therapists work with manageable caseloads, typically seeing four to five clients per day, with protected breaks and strong supervision structures in place. We believe this supports thoughtful practice and leads to better outcomes for children, families, and educators.



## Our Locations

Our clinics are designed to be welcoming, child-friendly spaces with access to specialist equipment. We support children and families across Brisbane and the Gold Coast.

### Newmarket (Brisbane)

BillyLids Therapy  
76 Enoggera Road  
Newmarket QLD 4051

### Norman Park (Brisbane)

BillyLids Therapy  
Level 1, 172 Bennetts Road  
Norman Park QLD 4170

### Nerang (Gold Coast)

BillyLids Therapy  
1 Station Street  
Nerang QLD 4211

**Main reception:** (07) 5606 4076

**Email:** [gday@billylidstherapy.com.au](mailto:gday@billylidstherapy.com.au)

**Website:** [www.billylidstherapy.com.au](http://www.billylidstherapy.com.au)



# Understanding Speech Pathology and Occupational Therapy

Speech Pathologists and Occupational Therapists play complementary roles in supporting children's development, participation, and wellbeing during the early years. While each profession has a distinct focus, both work together to support children to engage meaningfully in everyday activities at home, in early learning settings, and in the wider community.

Speech Pathology focuses on children's communication and feeding skills. This includes how children understand and use language, produce speech sounds, interact socially, and develop the foundations for literacy. Speech Pathologists also support children who stutter and those experiencing feeding or mealtime challenges. Strong communication skills underpin learning, relationships, and participation across all early childhood settings.



Occupational Therapy focuses on children's ability to participate in daily activities through the development of motor skills, sensory regulation, emotional regulation, and independence. Occupational Therapists support children to use their bodies effectively, manage sensory input, develop self-care skills, and build the foundational skills needed for learning and play.

At BillyLids Therapy, Speech Pathologists and Occupational Therapists work collaboratively to support the whole child. This integrated approach allows us to consider communication, regulation, movement, and independence together, recognising that development is interconnected and best supported through consistent, play-based, and meaningful experiences.

# Speech Pathology



## Areas We Support:

### Early language

Supporting children to understand and use words, sentences, and concepts to communicate their needs, ideas, and experiences.

### Speech sounds

Helping children develop clear speech by supporting accurate production of sounds and sound patterns.

### Play skills

Building symbolic play, turn-taking, and shared attention skills that support language, learning, and social development.

### Social communication

Supporting skills such as joint attention, conversation, perspective-taking, and interaction with peers and adults.

### Stuttering

Providing evidence-based support for children who stutter, with a focus on confidence, communication, and family education.

### Feeding

Supporting children with feeding challenges, including sensory, oral-motor, and mealtime participation. BillyLids has SOS-trained therapists.

### Augmentative and Alternative Communication (AAC)

Supporting children who use or may benefit from AAC, including gesture, key word sign, picture-based systems, and high-tech communication devices, to ensure every child has a functional way to communicate.

### Early literacy and pre-literacy

Developing foundational skills for reading and writing, including sound awareness, vocabulary, narrative, and print awareness.

# Occupational Therapy



## Areas We Support:

### Sensory processing and regulation

Helping children understand and respond to sensory input to support attention, emotional regulation, and participation.

### Emotional regulation:

Developing skills to recognise, manage, and express emotions in age-appropriate and functional ways.

### Play skills:

Helping children to build their skills in pretend play, playing with others, problem solving and independence in occupying themselves.

### Toileting and self-care

Supporting independence with toileting, dressing, feeding routines, and other daily living skills.

### Postural control and upper limb skills

Supporting children to build hand dominance and laterality, coordination between left and right side of body, and postural strength in support of fine motor development.

### Fine motor skills

Building the foundational motor and visual skills required for drawing, pre-writing, cutting, and early classroom participation.

### Feeding

Supporting children with feeding challenges focusing on sensory tolerance, positive mealtime experiences, and gradual skill development in a supportive and family-centred way.

### Assistive technology

Exploring tools, strategies, and environmental adaptations that support access, independence, and participation.

## When to Refer to BillyLids Therapy or Allied Health

Early identification and support can make a meaningful difference for children in the early years. Educators are often the first to notice when a child may be finding aspects of communication, regulation, movement, or participation more challenging than expected for their age. Referral to allied health does not require a diagnosis and may be appropriate when concerns are ongoing, impacting participation, or causing frustration for the child or their caregivers.

## Around 24 Months / 2 Years

Early support around two years can be helpful when a child is not yet developing expected communication, play, or participation skills, or when everyday routines feel consistently challenging.

### 🚩 Red Flags

#### Speech Pathology

- Limited use of words or not yet using words meaningfully
- Difficulty understanding simple instructions
- Limited use of gestures such as pointing, showing, or waving
- Reduced interest in interaction, imitation, or shared play
- Frustration related to difficulty communicating
- Feeding concerns such as strong food aversions or difficulty progressing with textures

#### What this might look like

- A child uses sounds or gestures instead of words to communicate
- Limited response when their name is called or when given simple directions
- Play is repetitive or solitary with little shared attention
- Mealtimes are stressful or very restricted



## **Occupational Therapy**

- Sensory sensitivities impacting play, routines, or mealtimes
- Delays in gross motor skills such as walking, climbing, or balance
- Limited use of hands during play
- Difficulty engaging in everyday routines

## **What this might look like**

- A child avoids certain textures, sounds, or movements
- Difficulty joining floor play or outdoor activities
- Strong reactions to transitions or changes in routine
- Play is repetitive or solitary with little shared attention

## **Ages and Stages Questionnaire (ASQ-3) – 24 Months**

The ASQ-3 is a developmental screening tool used with children aged 23 months 0 days to 25 months 15 days. It is typically completed by parents or caregivers, often with support from educators or clinicians, and takes approximately 10–15 minutes to complete.

At 24 months, the ASQ-3 screens development across communication, gross motor, fine motor, problem solving, and personal–social skills.

The ASQ-3 is a screening tool, not a diagnostic assessment. Results should always be interpreted alongside observations from families and educators and followed up with further assessment if concerns are identified.

**Download the 24 month ASQ below.**

<https://gqr.sh/B4Pz>





## 24 Month ASQ-3 Information Summary

23 months 0 days through  
25 months 15 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

**1. SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

| Area            | Cutoff | Total Score | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |
|-----------------|--------|-------------|---|---|----|----|----|----|----|----|----|----|----|----|----|
| Communication   | 25.17  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  |
| Gross Motor     | 38.07  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  |
| Fine Motor      | 35.16  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  |
| Problem Solving | 29.78  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  |
| Personal-Social | 31.54  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  |

**2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

|  |     |    |  |     |    |
|--|-----|----|--|-----|----|
| 1. Hears well?<br>Comments:                                  | Yes | NO | 6. Concerns about vision?<br>Comments:   | YES | No |
| 2. Talks like other toddlers his age?<br>Comments:           | Yes | NO | 7. Any medical problems?<br>Comments:    | YES | No |
| 3. Understand most of what your child says?<br>Comments:     | Yes | NO | 8. Concerns about behavior?<br>Comments: | YES | No |
| 4. Walks, runs, and climbs like other toddlers?<br>Comments: | Yes | NO | 9. Other concerns?<br>Comments:          | YES | No |
| 5. Family history of hearing impairment?<br>Comments:        | YES | No |  |     |    |

**3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the   area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the   area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the   area, it is below the cutoff. Further assessment with a professional may be needed.

**4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

Provide activities and rescreen in \_\_\_\_\_ months.  
 Share results with primary health care provider.  
 Refer for (circle all that apply) hearing, vision, and/or behavioral screening.  
 Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.  
 Refer to early intervention/early childhood special education.  
 No further action taken at this time  
 Other (specify): \_\_\_\_\_

**5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

|                 | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------|---|---|---|---|---|---|
| Communication   |   |   |   |   |   |   |
| Gross Motor     |   |   |   |   |   |   |
| Fine Motor      |   |   |   |   |   |   |
| Problem Solving |   |   |   |   |   |   |
| Personal-Social |   |   |   |   |   |   |



## 24 Month Questionnaire

23 months 0 days  
through 25 months 15 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

### Notes:

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At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

## COMMUNICATION

|   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Without your showing him, does your child <i>point</i> to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (She needs to identify only one picture correctly.)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| a. "Put the toy on the table."      d. "Find your coat."  | <input type="radio"/> | <input type="radio"/> |                       |   |
| b. "Close the door."      e. "Take my hand."  | <input type="radio"/> | <input type="radio"/> |                       |   |
| c. "Bring me a towel."      f. "Get your book."   | <input type="radio"/> | <input type="radio"/> |                       |   |
| 4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

**COMMUNICATION**

(continued)

YES

SOMETIMES

NOT YET

6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?

—

COMMUNICATION TOTAL

—

**GROSS MOTOR**

YES

SOMETIMES

NOT YET

1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)

—

2. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)



—

3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.



—

4. Does your child run fairly well, stopping herself without bumping into things or falling?



—

5. Does your child jump with both feet leaving the floor at the same time?



—

6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



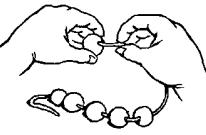
—\*

GROSS MOTOR TOTAL

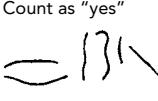
—

\*If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."

**FINE MOTOR**

1. Does your child get a spoon into his mouth right side up so that the food usually doesn't spill?    —
2. Does your child turn the pages of a book by herself? (She may turn more than one page at a time.)    —
3. Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?    —
4. Does your child flip switches off and on?    —
5. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)    —
6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? 

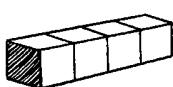
FINE MOTOR TOTAL  —**PROBLEM SOLVING**

1. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (Mark "not yet" if your child scribbles back and forth.)   
Count as "yes"   
  
Count as "not yet"
2. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.) (You can use a soda-pop bottle or baby bottle.)    —
3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?    —
4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?    —
5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?    —

**PROBLEM SOLVING**

(continued)

6. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)

YES  SOMETIMES  NOT YET PROBLEM SOLVING TOTAL **PERSONAL-SOCIAL**

1. Does your child drink from a cup or glass, putting it down again with little spilling?

2. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

3. Does your child eat with a fork?

4. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?

5. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?

6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it."

YES  SOMETIMES  NOT YET PERSONAL-SOCIAL TOTAL **OVERALL***Parents and providers may use the space below for additional comments.*

1. Do you think your child hears well? If no, explain:

 YES  NO

2. Do you think your child talks like other toddlers her age? If no, explain:

 YES  NO

**OVERALL**

(continued)

3. Can you understand most of what your child says? If no, explain:

 YES NO

4. Do you think your child walks, runs, and climbs like other toddlers his age?  
If no, explain:

 YES NO

5. Does either parent have a family history of childhood deafness or hearing  
impairment? If yes, explain:

 YES NO

6. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

7. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

**OVERALL**

(continued)

8. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

9. Does anything about your child worry you? If yes, explain:

 YES NO

## Around 36 Months / 3 Years

By three years, children are typically communicating using short sentences, engaging in pretend play, and participating more in group experiences.

### 🚩 Red Flags

#### Speech Pathology

- Speech that is difficult for unfamiliar adults to understand
- Limited sentence use or difficulty expressing ideas
- Reduced pretend play skills
- Challenges interacting with peers
- Ongoing feeding concerns



#### What this might look like

- Educators frequently need to interpret a child's speech
- The child relies on adults rather than peers to communicate
- Limited role play or imaginative play
- Difficulty joining group activities

#### Occupational Therapy

- Sensory regulation difficulties affecting attention or participation
- Delays in fine or gross motor skills
- Difficulty with transitions or routines
- Frustration with early self-care tasks
- Difficulty with play skills

#### What this might look like

- Difficulty or disinterest for joining for group time
- Avoidance of messy play or fine motor activities
- Emotional responses that seem bigger than expected for the situation
- Difficulties with toilet training - they might be fearful or avoidant of the toilet, or experiencing constipation.
- During free play time, tending to move quickly or wander from one activity to another without playing with interest. May have specific play interests like lining up cars or blocks, or might interfere with other children's play (eg. knock over kids buildings).



## **Ages and Stages Questionnaire (ASQ-3) – 36 Months**

The ASQ-3 is a developmental screening tool used with children aged 34 months 16 days to 38 months 30 days. It is typically completed by parents or caregivers, often with support from educators or clinicians, and takes approximately 10–15 minutes to complete.

At 36 months, the ASQ-3 screens development across communication, gross motor, fine motor, problem solving, and personal-social skills.

The ASQ-3 is a screening tool, not a diagnostic assessment. Results should always be interpreted alongside observations from families and educators and followed up with further assessment if concerns are identified.

**Download the 36 month ASQ below.**

<https://gqr.sh/gpxa>





## 36 Month ASQ-3 Information Summary

34 months 16 days through  
38 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

**1. SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

| Area            | Cutoff | Total Score | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |
|-----------------|--------|-------------|---|---|----|----|----|----|----|----|----|----|----|----|----|
| Communication   | 30.99  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  |
| Gross Motor     | 36.99  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  |
| Fine Motor      | 18.07  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  |
| Problem Solving | 30.29  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  |
| Personal-Social | 35.33  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  |

**2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

|   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| 1. Hears well?<br>Comments:                                     | Yes | NO | 6. Family history of hearing impairment?<br>Comments: | YES | No |
| 2. Talks like other children his age?<br>Comments:              | Yes | NO | 7. Concerns about vision?<br>Comments:                | YES | No |
| 3. Understand most of what your child says?<br>Comments:        | Yes | NO | 8. Any medical problems?<br>Comments:                 | YES | No |
| 4. Others understand most of what your child says?<br>Comments: | Yes | NO | 9. Concerns about behavior?<br>Comments:              | YES | No |
| 5. Walks, runs, and climbs like other children?<br>Comments:    | Yes | NO | 10. Other concerns?<br>Comments:                      | YES | No |

**3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the   area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the   area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the   area, it is below the cutoff. Further assessment with a professional may be needed.

**4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

**5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

|                 | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------|---|---|---|---|---|---|
| Communication   |   |   |   |   |   |   |
| Gross Motor     |   |   |   |   |   |   |
| Fine Motor      |   |   |   |   |   |   |
| Problem Solving |   |   |   |   |   |   |
| Personal-Social |   |   |   |   |   |   |



## 36 Month Questionnaire

34 months 16 days  
through 38 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

### Notes:

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## COMMUNICATION

|  | YES                   | SOMETIMES             | NOT YET               |   |
|--|-----------------------|-----------------------|-----------------------|---|
| 1. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child make sentences that are three or four words long?<br>Please give an example:<br><br><div style="border: 1px solid black; width: 100%; height: 50px; margin-top: 10px;"></div>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Without giving your child help by pointing or using gestures, ask him to "put the book <u>on</u> the table" and "put the shoe <u>under</u> the chair." Does your child carry out both of these directions correctly?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper <u>down</u> . Return the zipper to the middle and ask your child to move the zipper <u>up</u> . Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. When you ask, "What is your name?" does your child say both her first and last names?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

COMMUNICATION TOTAL

**GROSS MOTOR**

1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



YES

SOMETIMES

NOT YET

—

2. Does your child jump with both feet leaving the floor at the same time?



—

3. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



—

4. Does your child stand on one foot for about 1 second without holding onto anything?



—

5. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball *underhand* should be scored as "not yet.")



—

6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?



—

GROSS MOTOR TOTAL

—

**FINE MOTOR**

YES

SOMETIMES

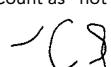
NOT YET

Count as "yes"



—

Count as "not yet"



**FINE MOTOR**

(continued)

YES

SOMETIMES

NOT YET

2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



—

3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?

Count as "yes"

—

Count as "not yet"

4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes"

—

Count as "not yet"

5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)



—

6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?

—

FINE MOTOR TOTAL

—

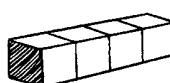
**PROBLEM SOLVING**

YES

SOMETIMES

NOT YET

1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.)



—

2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

—

**PROBLEM SOLVING**

(continued)

3. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.")  
Please write your child's response here:



YES

SOMETIMES

NOT YET

—

4. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat *just* one series of two numbers for you to answer "yes" to this question.)

5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?

6. When you say, "Say 'five eight three,'" does your child repeat *just* the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat *just* one series of three numbers for you to answer "yes" to this question.)



—

—

—

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

1. Does your child use a spoon to feed herself with little spilling?

2. Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?

3. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?

4. Does your child put on a coat, jacket, or shirt by himself?

5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

6. Does your child take turns by waiting while another child or adult takes a turn?

YES

SOMETIMES

NOT YET

—

—

—

—

—

—

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

 YES NO

2. Do you think your child talks like other children her age? If no, explain:

 YES NO

3. Can you understand most of what your child says? If no, explain:

 YES NO

4. Can other people understand most of what your child says? If no, explain:

 YES NO

5. Do you think your child walks, runs, and climbs like other children his age?  
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

 YES NO

**OVERALL**

(continued)

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO

## Around 48 Months / 4 Years

At four years, children are often preparing for kindergarten or school and are expected to participate more independently in group learning environments.

### 🚩 Red Flags

#### Speech Pathology

- Ongoing concerns with speech clarity
- Difficulty understanding or following group instructions
- Challenges with social communication and peer relationships
- Early concerns related to pre-literacy skills

#### What this might look like

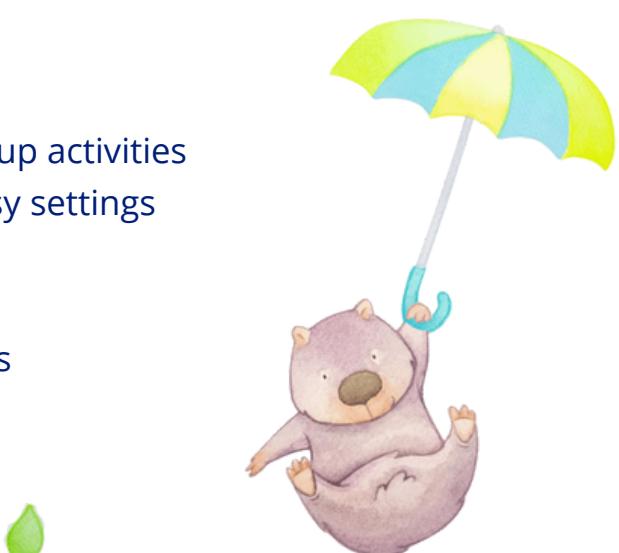
- The child is frequently misunderstood by peers
- Difficulty answering questions or following multi-step instructions
- Challenges joining conversations or group play

#### Occupational Therapy

- Difficulties with fine motor skills such as drawing or cutting
- Emotional regulation difficulties
- Sensory sensitivities such as difficulty coping with noise, different textures or being close to others.
- Difficulty playing imaginatively or with others.
- Sensory seeking that impacts on participation, such as jumping and crashing, making unsafe movement choices, or difficulty sitting for periods.
- Concerns with toileting or independence

#### What this might look like

- Avoidance of table-top tasks
- Difficulty managing emotions during group activities
- Fatigued or overwhelmed in noisy or busy settings
- Very active or impulsive
- Difficulty playing with others
- General concerns about school readiness



## **Ages and Stages Questionnaire (ASQ-3) – 48 Months**

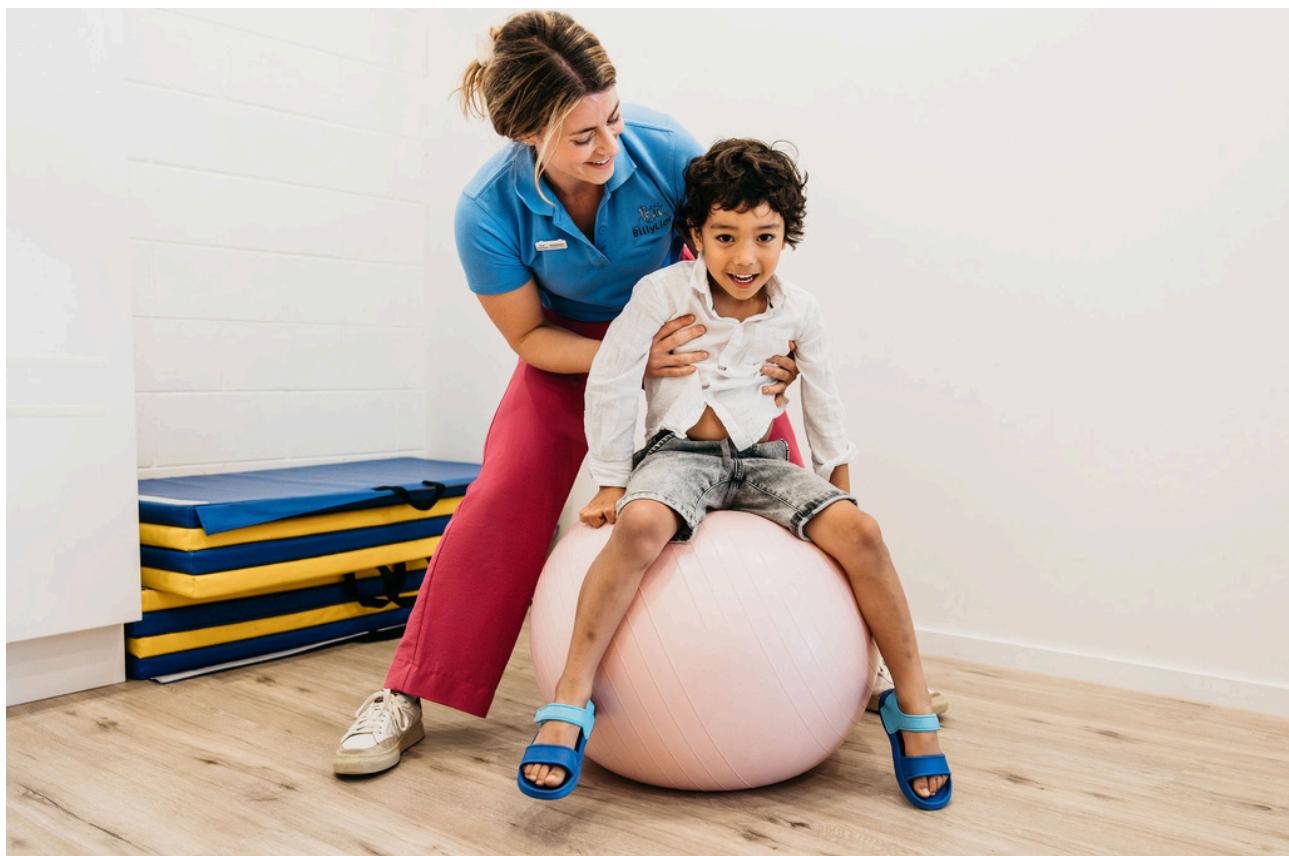
The ASQ-3 is a developmental screening tool used with children aged 45 months 0 days to 50 months 30 days. It is typically completed by parents or caregivers, often with support from educators or clinicians, and takes approximately 10–15 minutes to complete.

At 48 months, the ASQ-3 screens development across communication, gross motor, fine motor, problem solving, and personal-social skills.

The ASQ-3 is a screening tool, not a diagnostic assessment. Results should always be interpreted alongside observations from families and educators and followed up with further assessment if concerns are identified.

**Download the 48 month ASQ below.**

<https://gqr.sh/nzkH>





## 48 Month ASQ-3 Information Summary

45 months 0 days through  
50 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

**1. SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

| Area            | Cutoff | Total Score | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |
|-----------------|--------|-------------|---|---|----|----|----|----|----|----|----|----|----|----|----|
| Communication   | 30.72  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  | ○  |
| Gross Motor     | 32.78  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  | ○  |
| Fine Motor      | 15.81  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  | ○  |
| Problem Solving | 31.30  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  | ○  |
| Personal-Social | 26.60  |             | ● | ● | ●  | ●  | ●  | ●  | ●  | ○  | ○  | ○  | ○  | ○  | ○  |

**2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

|   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| 1. Hears well?<br>Comments:                                     | Yes | NO | 6. Family history of hearing impairment?<br>Comments: | YES | No |
| 2. Talks like other children his age?<br>Comments:              | Yes | NO | 7. Concerns about vision?<br>Comments:                | YES | No |
| 3. Understand most of what your child says?<br>Comments:        | Yes | NO | 8. Any medical problems?<br>Comments:                 | YES | No |
| 4. Others understand most of what your child says?<br>Comments: | Yes | NO | 9. Concerns about behavior?<br>Comments:              | YES | No |
| 5. Walks, runs, and climbs like other children?<br>Comments:    | Yes | NO | 10. Other concerns?<br>Comments:                      | YES | No |

**3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **white** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

**4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

**5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

|                 | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------|---|---|---|---|---|---|
| Communication   |   |   |   |   |   |   |
| Gross Motor     |   |   |   |   |   |   |
| Fine Motor      |   |   |   |   |   |   |
| Problem Solving |   |   |   |   |   |   |
| Personal-Social |   |   |   |   |   |   |



## 48 Month Questionnaire

45 months 0 days  
through 50 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

### Notes:

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## COMMUNICATION

1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?

YES  SOMETIMES  NOT YET  —

2. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

—

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")  
Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?

—

4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?

—

**COMMUNICATION**

(continued)

5. Without your giving help by pointing or repeating, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."

6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"

YES  SOMETIMES  NOT YET  —

COMMUNICATION TOTAL  —**GROSS MOTOR**

YES  SOMETIMES  NOT YET  —

1. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)



—

2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

—

3. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball *underhand* should be scored as "not yet.")



—

4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?

—

5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?

—

6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)

GROSS MOTOR TOTAL  —**FINE MOTOR**

YES  SOMETIMES  NOT YET  —

1. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)

—

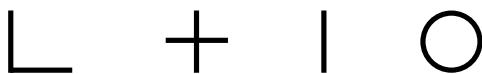
**FINE MOTOR**

(continued)

2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)

YES  SOMETIMES  NOT YET 

3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)



4. Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.)

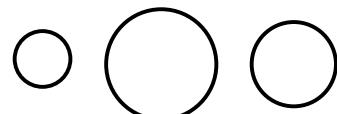
5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?

6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (Your child should not go more than  $\frac{1}{4}$  inch outside the lines on most of the picture.)

   
FINE MOTOR TOTAL **PROBLEM SOLVING**YES  SOMETIMES  NOT YET 

1. When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? Do not repeat the numbers. If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat just one series of three numbers to answer "yes" to this question.)

2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)

3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."

4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

**PROBLEM SOLVING**

(continued)

5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure.

6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? (Ask this question without providing help by pointing, gesturing, or naming.)

| YES | SOMETIMES | NOT YET | — |
|-----|-----------|---------|---|
|-----|-----------|---------|---|

|                       |                       |                       |   |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?

2. Does your child tell you at least four of the following? Please mark the items your child knows.

a. First name       d. Last name  
 b. Age       e. Boy or girl  
 c. City she lives in       f. Telephone number

3. Does your child wash his hands using soap and water and dry off with a towel without help?

4. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.)

5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.)

6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?

| YES | SOMETIMES | NOT YET | — |
|-----|-----------|---------|---|
|-----|-----------|---------|---|

|                       |                       |                       |   |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

|                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> YES | <input type="radio"/> NO |
|---------------------------|--------------------------|

**OVERALL**

(continued)

2. Do you think your child talks like other children her age? If no, explain:

 YES NO

3. Can you understand most of what your child says? If no, explain:

 YES NO

4. Can other people understand most of what your child says? If no, explain:

 YES NO

5. Do you think your child walks, runs, and climbs like other children his age?  
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

 YES NO

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

**OVERALL**

(continued)

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO

## How We Work with Daycares and Kindergartens

At BillyLids Therapy, we value strong, respectful partnerships with early learning centres and kindergartens. Educators bring deep knowledge of the children in their care, and we see our role as working alongside you to support children's development in ways that align with your centre's philosophy, routines, and learning environment.

Our approach is collaborative and flexible. When working with children who attend early learning settings, we are mindful of the flow of the day and aim to minimise disruption, aiming to avoid interrupting key learning blocks wherever possible. We respect centre routines, transitions, and teaching priorities, and work with educators to determine the most appropriate and least disruptive way to support each child.

Where helpful, we are able to attend case conferences or joint planning meetings with educators and families. These meetings provide an opportunity to share observations, align goals, and support consistency across settings.

We are also able to provide practical, easy-to-implement strategies that educators can use within group settings and daily routines. These strategies are designed to support communication, regulation, participation, and independence in ways that feel natural within the classroom context.



# Funding Options

There are several pathways families may use to access Speech Pathology and Occupational Therapy services. Funding options depend on a child's age, needs, and individual circumstances. The information below provides a general overview of the most common funding pathways used by families accessing BillyLids Therapy.



## NDIS

NDIS funding refers to financial support provided through the National Disability Insurance Scheme, a government funded program in Australia. Funding is allocated to eligible participants based on individual needs, goals, and circumstances and may be used to support services such as Speech Pathology and Occupational Therapy.

BillyLids Therapy is able to accept children who are self managed or plan managed under the NDIS. We are not able to accept NDIA managed funding at this time.

## NDIS Early Childhood Early Intervention

Children under 6 years

NDIS Early Childhood Early Intervention supports children under six years of age who have developmental delay or disability. A formal diagnosis is not required, however children must demonstrate needs across two or more developmental areas to access early intervention supports.

Early Childhood Early Intervention focuses on identifying and supporting children as early as possible to promote development and improve long term outcomes. Access to these services is facilitated through Local Area Coordinators.

### Brisbane

The Benevolent Society  
1800 236 762  
<https://www.benevolent.org.au/referrals/ndis-eca-support-referral>

### Gold Coast

UnitingCare  
1800 543 354  
<https://www.unitingcareqld.com.au/services-and-support/disability/early-childhood-approach>

## **Medicare**

Medicare is Australia's public health system and provides access to subsidised health services, including some allied health supports for children. In certain circumstances, children may be eligible to access Speech Pathology and Occupational Therapy through Medicare-funded referral pathways arranged by a general practitioner.

## **GP Chronic Condition Management Plan [GPCCMP]**

A GP Chronic Condition Management Plan allows a general practitioner to coordinate care for a child with a chronic or complex condition. If eligible, a GP may refer a child for up to five subsidised allied health sessions per calendar year. These sessions can be used for Speech Pathology and Occupational Therapy.

Aboriginal and Torres Strait Islander children may be eligible for up to ten subsidised allied health sessions per calendar year under specific Medicare arrangements.

The Medicare rebate is approximately \$55 per session. Families are required to pay the full session fee at the time of the appointment and then claim the rebate directly through Medicare.

## **Further information is available at**

<https://www.servicesaustralia.gov.au/gp-chronic-condition-management-plan>



## **Complex Neurodevelopmental Conditions and Eligible Disabilities**

Some children may be eligible to access Medicare funded allied health services under pathways for complex neurodevelopmental conditions and eligible disabilities. This funding pathway applies to children with conditions such as autism spectrum disorder, cerebral palsy, Down syndrome, and fetal alcohol spectrum disorder.

From 1 March 2026, the list of eligible disabilities will expand to include stuttering, speech sound disorders (including articulation disorder, phonological disorder, and childhood apraxia of speech), and cleft lip and or palate.

This funding may be used prior to, or alongside, other funding options such as the NDIS, depending on the child's age, needs, and individual circumstances. Families are encouraged to discuss eligibility and referral pathways with their child's GP or specialist.

**Further information is available at:**

<https://www.servicesaustralia.gov.au/mbs-billing-for-complex-neurodevelopmental-conditions-and-eligible-disabilities?context=20>



# Frequently Asked Questions

## **Do I need a referral to access Speech Pathology or Occupational Therapy?**

A referral is not required to access allied health services privately. A referral from a GP or specialist is required when accessing funding through Medicare or some other funding pathways.

## **What does a Speech Pathologist support?**

Speech Pathologists support children's communication and feeding skills. This can include understanding and using language, speech sounds, social communication, stuttering, early literacy skills, and feeding.

## **What does an Occupational Therapist support?**

Occupational Therapists support children's participation in everyday activities. This includes motor skills, sensory processing, emotional regulation, self-care skills, play, and early school readiness skills such as handwriting and scissor use.

## **What is the difference between Speech Pathology and Occupational Therapy?**

Speech Pathology focuses on communication and feeding, including understanding and using language, speech sounds, social communication, and early literacy. Occupational Therapy focuses on participation in everyday activities, including motor skills, sensory processing, emotional regulation, and self-care. The two disciplines often work closely together to support the whole child.

## **When should a child be referred to allied health?**

Referral may be appropriate if a child is not meeting developmental milestones, is experiencing ongoing challenges with communication, regulation, movement, or participation, or if concerns are impacting their learning, wellbeing, or confidence.



## **Do children need a diagnosis to access allied health?**

A diagnosis is not required to access Speech Pathology or Occupational Therapy. Allied health support can be appropriate when concerns are emerging or developmental differences are identified.



### **How long does allied health intervention last?**

The length of intervention varies depending on the child's needs, goals, and progress. Some children benefit from short blocks of support, while others may require longer-term intervention.

### **How do educators and therapists work together?**

Therapists often collaborate with educators by sharing observations, providing practical strategies, and aligning goals to support consistency across settings.

### **What does a play-based approach mean in allied health?**

A play-based approach uses play as the primary context for learning and skill development. Through play, therapists can support communication, movement, regulation, and social skills in a way that is motivating, meaningful, and developmentally appropriate.

### **How are goals set in allied health?**

Goals are developed collaboratively with families and, where appropriate, educators. They are based on a child's strengths, needs, and everyday activities, and are reviewed regularly to ensure they remain relevant and meaningful.

## Resources for Educators and Families

BillyLids Therapy creates and shares evidence-informed resources to support educators and families in understanding child development and responding to everyday challenges in practical and meaningful ways. These resources are designed to complement learning in early childhood settings and support consistency between home, education, and therapy environments.

The BillyLids Therapy website includes a growing collection of short blogs and guides across Speech Pathology and Occupational Therapy. Topics include communication development, emotional regulation, play, feeding, and school readiness. Each resource is written with educators and families in mind and aims to provide clear, accessible information that can be easily shared.

Resources can be curated to meet the needs of individual centres and families. On request, BillyLids Therapy can recommend or compile relevant articles for inclusion in centre newsletters or for sharing directly with families.



## Language Development in Early Childhood

This blog provides an overview of how language develops in the early years and the skills that support children's communication. It explores everyday ways adults can nurture language development and highlights when additional support may be helpful.

Read our full Language Development post:  
<https://gqr.sh/e5Xy>



## Understanding Nonverbal Communication

Nonverbal communication, such as gestures, eye contact, and facial expressions, plays a vital role in how children interact and make meaning before and alongside spoken language. This blog explains key nonverbal skills, why they matter for social connection and learning, and how adults can support their development in everyday moments.

Read our full nonverbal communication post:  
<https://gqr.sh/yntU>



## Toilet Training: A Practical Guide

Toilet training is a significant milestone that involves physical skills, confidence, routine, and a child's readiness. This blog offers practical, step-by-step strategies to support children through the process with patience and predictability, including tips to make the experience positive for both families and educators.

Read our full toilet training post:  
<https://gqr.sh/WbYz>



## Play Matters: Why Play Is Essential

Play is how children learn, explore, and make sense of the world around them. This blog highlights the importance of play for communication, problem-solving, social skills, and emotional regulation, and offers simple ways adults can nurture meaningful play throughout the day.

Read our full Play in Childhood post:  
<https://gqr.sh/BCSy>



# Language Development in Early Childhood

Language development is the way children learn to communicate. It begins early with eye contact, gestures, and babbling, and gradually grows into words, sentences, and conversations.

Strong language skills help children learn, make friends, manage behaviour, and share their thoughts and feelings. When language is difficult, children may find it hard to join in, explain what they need, or cope with frustration.



## Children progress through five language development stages:

- 1. Prelinguistic Skills:** Include joint attention, eye contact, gestures, and vocalisations.
- 2. One-Word Stage:** Begins around the first year with basic words like "mama".
- 3. Two-Word Stage:** By 18-24 months, children form two-word phrases.
- 4. Early Sentences:** Simple sentences with basic grammar develop around ages two to three.
- 5. Complex Sentences:** Ages four to five, children use complex sentences and understand grammar.

## When to consider extra support

- Limited eye contact, pointing or gestures
- Not responding to their name or simple instructions
- Few words by around 18 months
- Not combining two words by around 2 years
- Speech hard to understand for their age
- Frustration, meltdowns, or withdrawal because they can't communicate

## How parents can support language development at home

- Talk during everyday routines
- Read together daily
- Follow your child's interests and name what they see and do
- Pause and give them time to respond
- Expand what they say (car becomes big car)
- Sing songs and play turn-taking games

Early support can make a big difference to your child's language development and confidence. BillyLids offers Speech Pathology and Occupational Therapy, with practical, play-based strategies tailored to your child and easy to use at home.

## Read our full Language Development post:

<https://gqr.sh/e5Xy>



Courtesy of BillyLids Therapy  
[www.billylidstherapy.com.au](http://www.billylidstherapy.com.au)



# Nonverbal Communication in Children

Nonverbal communication is how children share messages and emotions without words. It includes facial expressions, gestures, body language, eye contact, tone of voice, and touch.

For young children, nonverbal communication is often their main way to show how they feel, what they need, and what interests them.

## What nonverbal communication can look like

- Pointing to what they want
- Tugging your hand for help or attention
- Reaching up to be picked up
- Smiling, frowning, crying, or avoiding eye contact
- Clapping, jumping, or slumping to show feelings
- Using posture or movement to show excitement, worry, or frustration



## Nonverbal communication supports a child's

- Connection and bonding with caregivers
- Emotional regulation and confidence
- Social skills, including empathy and friendships
- Foundations for later verbal communication

## How parents can support at home

- Notice and respond to gestures, facial expressions, and body language
- Name what you see: "You look sad," "You want that toy"
- Model eye contact, pointing, and calm tone
- Use play and routines to practise turn-taking, then pause and wait

## When to consider extra support

- Limited eye contact, gestures, or pointing
- Difficulty showing needs, emotions, or interest
- Frustration or meltdowns linked to communication
- Your child mostly relies on nonverbal communication beyond expected milestones

BillyLids Speech Pathologists support children to build communication skills, including gestures, joint attention, understanding, and spoken language. Get in touch if you'd like support.

## Read our full nonverbal communication post:

<https://gqr.sh/yntU>



Courtesy of BillyLids Therapy  
[www.billylidstherapy.com.au](http://www.billylidstherapy.com.au)



# Toilet Training Strategies for Kids

**Toilet training is a big milestone** and can feel exciting, confusing, or stressful. For some children, especially those with developmental delays or disabilities, it can take longer. With the right support, children can build confidence and independence.

## Signs your child may be ready

- Notices wet or soiled nappy
- Stays dry for longer periods
- Can sit on a potty or toilet
- Shows awareness of needing to go



## Tips for toilet training at home

- Offer water regularly and support fibre, fruit and vegetables to help prevent constipation
- Use simple toilet language (wee, poo, wipe, flush) and keep routines calm and consistent
- Use play (toys, books, pretend toilets) to make it feel familiar
- Give your child small choices during toilet time (like which underwear to wear or which book to read). This helps them feel more in control, which can reduce stress and build confidence.

## Toilet setup and positioning

Good positioning can help children feel safe and relax on the toilet.

- Feet flat on a non-slip step
- Knees slightly higher than hips
- Child toilet seat or reducer for security
- Arm supports if extra balance is needed

## When to consider extra support

- Withholding wee or poo, constipation, pain, or fear of toileting
- Refusing the toilet or underwear, frequent accidents, or little progress
- Ongoing stress or battles around toileting
- Constipation can delay toilet training. If you're unsure, check in early.

## How BillyLids can help

Early support can make toilet training easier. BillyLids Occupational Therapists provide a clear plan with parent coaching, routines, toilet setup advice, and visual supports. We can also liaise with your GP, continence nurse, or paediatric pelvic floor physio if needed.

## Read our full toilet training post:

<https://gqr.sh/WbYz>



Courtesy of BillyLids Therapy  
[www.billylidstherapy.com.au](http://www.billylidstherapy.com.au)



# Play in Childhood and Why It Matters

## **Play is the work of children.” (Jean Piaget)**

Play is not just fun. It supports thinking, emotions, friendships, and communication.

Through play, children practise problem-solving, flexibility, and negotiating with others.



## **What is play?**

Play can look different for every child, but “true play” is often:

- **Child-led:** chosen and directed by the child
- **Enjoyable:** motivated by interest, not rewards
- **Flexible:** not driven by adult rules
- **Relaxed and engaged:** calm, focused, and involved

When children drive their own play, they learn and practise skills in a powerful way.

## **What happens when children have less play?**

Children today often have less time for self-directed play due to busy schedules, structured activities, screen time, academic focus, and safety concerns. While sport and learning activities are valuable, unstructured play is unique. Less free play can affect creativity, social skills, emotional wellbeing, and a child’s sense of control and independence.

## **What play supports**

- Creativity and flexible thinking
- Problem-solving and communication
- Social and emotional development
- Confidence, control, and independence

## **When to consider extra support**

- Repetitive play or difficulty engaging
- Finds free play hard at kinder or with peers
- Avoids toys or seems unsure what to do
- Sensory or regulation needs that limit participation

BillyLids Occupational Therapists help children build play skills that support confidence, connection, and development. We use child-led, play-based therapy and practical strategies tailored to your child. Get in touch if you'd like support.

## **Read our full Play in Childhood post:**

<https://gqr.sh/BCSy>



Courtesy of BillyLids Therapy  
[www.billylidstherapy.com.au](http://www.billylidstherapy.com.au)



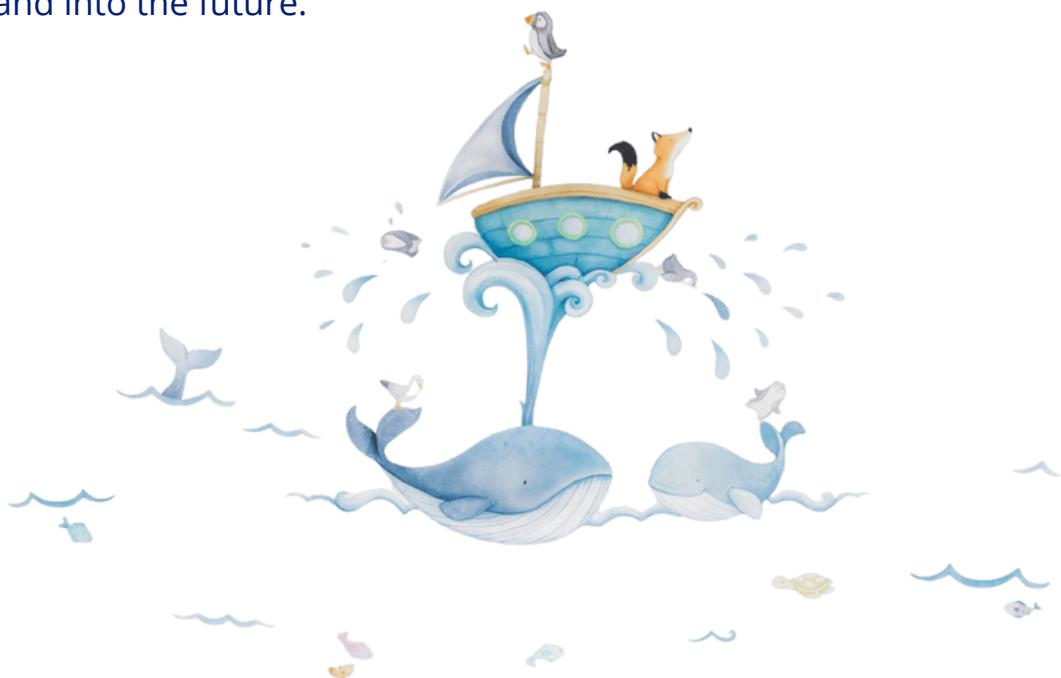
## Final Thoughts

Early childhood is a time of rapid growth, learning, and change. The foundations laid during these years shape children's communication, confidence, relationships, and participation well beyond the early learning environment. Educators play a vital role in noticing children's strengths, supporting their development, and identifying when additional support may be helpful.

Allied health support is most effective when it is timely, collaborative, and embedded within a child's everyday experiences. When educators, families, and therapists work together with shared understanding and clear communication, children are best supported to develop skills in ways that feel meaningful, achievable, and empowering.

BillyLids Therapy is committed to working respectfully alongside early learning centres and kindergartens. This includes valuing educator expertise, aligning with centre philosophies and routines, and supporting consistency across home, education, and therapy environments. Whether support involves sharing strategies, participating in joint planning, or guiding families through referral pathways, collaboration remains central to achieving positive outcomes for children.

Thank you for the important work you do each day in supporting children's growth and wellbeing. BillyLids Therapy looks forward to building strong, ongoing partnerships with educators and families to support children to thrive now and into the future.



## Contact BillyLids Therapy

For enquiries, referrals, or further information, families and educators are welcome to contact BillyLids Therapy directly.

Phone: (07) 5606 4076

Email: [gday@billylidstherapy.com.au](mailto:gday@billylidstherapy.com.au)

Website: [www.billylidstherapy.com.au](http://www.billylidstherapy.com.au)

