Speech-Language Pathologists (SLPs) are autonomous professionals whose practice is regulated in Ontario by the Regulated Health Professions Act and the Audiology and Speech-Language Pathology Act. SLPs have specific knowledge and skills in human communication and swallowing disorders, and are integral members of the interdisciplinary/educational team.

SLPs’ expertise includes prevention, identification, evaluation and treatment of communication and swallowing disorders; training and educating clients, families, students, peers and other care providers; and counseling individuals and families with communication and swallowing difficulties. They also participate in program/service development and evaluation, and research. They provide services for infants, toddlers, preschoolers, school-aged children, adolescents, adults and seniors with:

- **speech difficulties**: producing vocalizations (babbling); pronouncing sounds and words; requiring use of augmentative/alternative communication systems (sign language, picture symbols, voice output computers); speaking fluently (stuttering, cluttering, rhythm);

- **language difficulties**: understanding language/following directions; understanding/using non-verbal language (gestures, eye contact); expressing language (learning/retrieving words, constructing sentences or expressing ideas/wants/needs); cognitive-communication (reasoning, problem-solving, memory, organization); auditory memory for words, sentences and conversation speech; understanding written language; reading, spelling and writing abilities; communicating in social situations (taking turns in conversation);

- **voice and resonance difficulties**: voice quality (hoarse/breathy/strident), voice resonance (hyper/hyponasal); voice pitch/volume (too high/too low, too loud/too soft); loss of voice; laryngectomy; and

- **feeding and swallowing difficulties**: swallowing solids, soft foods or liquids; chewing/controlling food in the mouth; initiating a swallow; coughing, choking, throat clearing, gurgly voice after eating/drinking; excessively slow eating associated with weight loss; signs of aspiration (repeated pneumonia, especially right lower lobe).
Early intervention can make all the difference, so arrangements to see an SLP should be initiated as soon as a concern is identified in any of the areas described above. Some specific signals include when:

❖ an infant is not responding to his/her own name, makes few vocalizations, rarely “babbles,” or does not make several different sounds by 6 months and try to imitate sounds by 12 months,
❖ a toddler does not understand “come here,” “don’t touch,” by 12 months; is unable to follow simple instructions (without cues or gestures) by 18 months, two-step directions by 2 years, three-step directions by 3 years and longer sentences by 4 years,
❖ a child is not consistently using 10 or more single words by 18 months, combining two words by 2 years, or by 3 years is not using simple sentences, or is not understood most of the time,
❖ a 4-year-old child is not speaking in adult-like sentences, or has difficulty orally expressing ideas and telling about experiences,
❖ a school-aged child has difficulty understanding a story told to him/her; understanding written language; reading, writing or spelling; making/keeping friends and succeeding in school,
❖ a preschool or school-aged child, adolescent or adult has difficulty speaking fluently/stutters,
❖ a child, adolescent or adult has difficulty with his/her voice, or has had/will have vocal cord surgery or a laryngectomy,
❖ a child, adolescent or adult has difficulty communicating and/or swallowing following a stroke, head injury or due to a neurological/neuromuscular/progressive condition,
❖ an adult has difficulties interacting with family/friends (discussing events, using humour) or job performance (following directions, interacting appropriately with colleagues) after a brain injury, and
❖ an individual, parent or family members notices changes/has any concerns about communication, voice or swallowing at any age.

What information is helpful when you request SPEECH-LANGUAGE PATHOLOGY services?

❖ a description of the primary concern and reason for requesting services,
❖ medical, social, academic, vocational and other relevant history, including pertinent test results/pending tests or procedures including audiology assessments, vision tests, ENT consultations, videofluoroscopy (modified barium swallow), and
❖ reports from previous professional consultations (speech-language pathology, audiology, psychology, occupational therapy, physiotherapy).

Specific referral requirements vary across settings. In some instances a written physician’s referral may be required for speech-language pathology evaluation and treatment.