

24 MONTHS

If the child is missing ONE or more of the following expected age outcomes or has any RED FLAGS, complete this form and *fax to 905-762-2099*.

YES NO	YES NO
<input type="checkbox"/> <input type="checkbox"/> Uses 100–150 words	<input type="checkbox"/> <input type="checkbox"/> Holds books the right way up and turns pages one at a time
<input type="checkbox"/> <input type="checkbox"/> Uses at least two pronouns (e.g. “you”, “me”, “mine”)	<input type="checkbox"/> <input type="checkbox"/> ‘Reads’ to stuffed animals or toys
<input type="checkbox"/> <input type="checkbox"/> Consistently combines 2 to 4 words in short phrases (e.g. “Daddy hat”, “truck go down”)	<input type="checkbox"/> <input type="checkbox"/> Walks up/down stairs unassisted
<input type="checkbox"/> <input type="checkbox"/> Words are understood by others 50% to 60% of the time	<input type="checkbox"/> <input type="checkbox"/> Kicks ball forward
<input type="checkbox"/> <input type="checkbox"/> Forms words/sounds easily and effortlessly	<input type="checkbox"/> <input type="checkbox"/> Able to throw a small ball overhand
<input type="checkbox"/> <input type="checkbox"/> Follows two-step directions (e.g. “Go find your teddy bear and show it to Grandma”)	<input type="checkbox"/> <input type="checkbox"/> Undresses self (e.g. takes off open coat, pulls down pants)
<input type="checkbox"/> <input type="checkbox"/> Enjoys being around/playing near other children	<input type="checkbox"/> <input type="checkbox"/> Scribbles with crayons/ marks paper
<input type="checkbox"/> <input type="checkbox"/> Begins to offer toys to peers and imitate other children’s actions and words	<input type="checkbox"/> <input type="checkbox"/> Eats variety of foods with spoon independently, spilling little

RED FLAGS:

<input type="checkbox"/> The child has lost any previously obtained skills, language or social skills <input type="checkbox"/> Inconsistent/no response when name is called <input type="checkbox"/> More interested in looking at objects than people’s faces <input type="checkbox"/> Lack of interest in toys or plays with them in an unusual way (e.g. lining up, spinning, opening/closing parts rather than using the toy as a whole) <input type="checkbox"/> Preoccupation with unusual interests such as light switches, doors, fans, wheels <input type="checkbox"/> Untaught reading of complex written text	<input type="checkbox"/> Talks in “scripts” from TV shows or books, rather than in their own words <input type="checkbox"/> Echoing others’ words <p><b style="color: red;">STUTTERING:</p> <input type="checkbox"/> <i>Parents report child “stutters” using repetitions of words (e.g. “I I I”) or syllables (e.g. “dadadaddy”), sound prolongations (e.g. “mmmommy) or blocks (e.g. “b----all”).</i> <p><b style="color: red;">VOICE:</p> <input type="checkbox"/> <i>Unusual quality</i>
---	--

FAMILY INFORMATION

CHILD’S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENT(S) NAME: _____ WORK#: _____ HOME#: _____

REFERRAL SOURCE

NAME: _____ PHONE#: _____ FAX#: _____

ADDRESS: _____

PARENT GUARDIAN CONSENT

I _____ consent to a referral being made to York Region Preschool Speech & Language Program and/or Early Intervention Services for my child _____.

Signature: _____ Date: _____