



Community and Health Services
Early Intervention Services



EARLY REFERRAL
IDENTIFICATION KIT



York Region Preschool
Speech and Language Program

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 words or more	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Uses at least two pronouns (e.g. "you", "me", "mine")	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>	Words are understood by others 50% to 60% of the time	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Forms words/sounds easily and effortlessly	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>	Enjoys being around/playing near other children	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>	Holds books the right way up and turns pages one at a time	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pretends to read to stuffed animals or toys	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Walks up/down stairs using the handrail	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Kicks ball forward	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Able to throw a small ball overhand	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Undresses self (e.g. takes off open coat, pulls down pants)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Scribbles with crayons/ marks paper	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Eats variety of foods with spoon independently, spilling little	<input type="checkbox"/>

RED FLAGS:

- The child has lost any previously obtained skills, language or social skills
- Inconsistent/no response when name is called
- Rarely engages socially (e.g. smiling, eye contact)
- More interested in looking at objects than people's faces
- Lack of interest in toys or usually plays with them in an unusual way (e.g. lining up, spinning, opening/closing parts rather than using the toy as a whole)
- Preoccupation with unusual interests such as light switches, doors, fans, wheels
- Unusual interest in letters or numbers and/or may show some ability to recognize words in print - but no clear indication of comprehension

- Talks in "whole phrases" or "scripts" from TV shows or books, when these do not seem relevant to the situation
- Echoing others' phrases or sentences (for example: parent says "put on your shoes"; child responds "put on your shoes")

STUTTERING:

- Parents report child "stutters" using repetitions of words (e.g. "lll") or syllables (e.g. "dadadaddy"), sound prolongations (e.g. "mmmmommy) or blocks (e.g. "b----all")

VOICE:

- Unusual quality

FAMILY INFORMATION

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ POSTAL CODE: _____

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

REFERRAL SOURCE

NAME: _____ PHONE #: _____ FAX #: _____

ADDRESS: _____ POSTAL CODE: _____

EMAIL: _____

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: _____

FOR INTAKE USE ONLY • REFERRAL SOURCE CONFIRMATION: _____ Date: _____

FILE OPENED FOR EARLY INTERVENTION AND/OR SPEECH AND LANGUAGE

PARENT DECLINED

FAMILY COULD NOT BE REACHED