



Community and Health Services
Early Intervention Services



EARLY REFERRAL
IDENTIFICATION KIT



York Region Preschool
Speech and Language Program

30 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 over 350 words	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Uses some adult grammar (e.g. "two cookies", "bird flying", "I jumped")	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Uses action words (e.g. run, spill, fall)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Understands the concepts of size (big/little) and quantity (a little/a lot more)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Understands and re-tells familiar stories	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Puts sounds at the start of most words	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Produces words with two or more syllables or beats (e.g. "ba-na-na", "com-pu-ter", "a-pple")	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Begins taking short turns with peers, using both words and toys	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates concern when another child is hurt/sad	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Combines several actions in play (e.g. feeds doll and then puts her to sleep; puts blocks in train then drives train, drops blocks off)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Recognizes familiar logos and signs involving print (e.g. golden arches of McDonalds, "Stop" sign)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Recognizes self in mirror or picture	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Walks up and down stairs unassisted	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Opens door by turning knob	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Scribbles with circular motion	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Copies horizontal/vertical line	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dresses self with assistance	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Feeds self with little mess using fork or spoon	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Helps with simple household tasks (e.g. dusting, sweeping)	<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. 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")
- Compulsions or rituals (Has to perform activities in a special way or certain sequence. Prone to temper tantrums if rituals are interrupted)

STUTTERING:

- 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")

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