



Community Services and Housing  
Early Intervention Services



EARLY REFERRAL  
IDENTIFICATION KIT



York Region Preschool  
Speech and Language Program

## 36 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"/> Understands "who", "what", "where", and "why" questions	<input type="checkbox"/> <input type="checkbox"/> Engages in multi-step pretend play (e.g. pretending to cook a meal, repair a car, etc)
<input type="checkbox"/> <input type="checkbox"/> Creates long sentences (e.g. using 5 to 8 words)	<input type="checkbox"/> <input type="checkbox"/> Listens to stories or music for 5 minutes with adult
<input type="checkbox"/> <input type="checkbox"/> Talks about past events (e.g. trip to Grandparents' house, day at childcare)	<input type="checkbox"/> <input type="checkbox"/> Aware of the function of print (e.g. in menus, lists, signs)
<input type="checkbox"/> <input type="checkbox"/> Tells simple stories	<input type="checkbox"/> <input type="checkbox"/> Walks up and down stairs using the handrail
<input type="checkbox"/> <input type="checkbox"/> Beginning interest in, and awareness of, rhyming	<input type="checkbox"/> <input type="checkbox"/> Gets up from squatting position without help
<input type="checkbox"/> <input type="checkbox"/> Understood by most people outside of the family most of the time	<input type="checkbox"/> <input type="checkbox"/> Rides around on a tricycle, using pedals
<input type="checkbox"/> <input type="checkbox"/> Names one or more colours	<input type="checkbox"/> <input type="checkbox"/> Stands on one foot with momentary balance
<input type="checkbox"/> <input type="checkbox"/> Shows affection for favourite playmates	<input type="checkbox"/> <input type="checkbox"/> Completes an easy puzzle (4-6 pieces)
<input type="checkbox"/> <input type="checkbox"/> Joins in play with a group of two or more peers	<input type="checkbox"/> <input type="checkbox"/> Copies a circle from a model

### 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 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

- Echoing others' words
- Compulsions or rituals (has to perform activities in a special way or certain sequence: is 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: \_\_\_\_\_

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: \_\_\_\_\_