



Community and Health Services
Early Intervention Services



**EARLY REFERRAL
IDENTIFICATION KIT**



York Region Preschool
Speech and Language Program

48 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
<input type="checkbox"/>	<input type="checkbox"/> Follows directions involving 3 or more steps (e.g. "get some paper, draw a picture, and give it to Mom")
<input type="checkbox"/>	<input type="checkbox"/> Uses adult-type grammar
<input type="checkbox"/>	<input type="checkbox"/> Tells stories with clear beginning, middle and end
<input type="checkbox"/>	<input type="checkbox"/> Attempts to solve problems with adults and other children using language
<input type="checkbox"/>	<input type="checkbox"/> Demonstrates increasingly complex imaginative play
<input type="checkbox"/>	<input type="checkbox"/> Understood by strangers almost all of the time
<input type="checkbox"/>	<input type="checkbox"/> Able to generate simple rhymes (e.g. "cat-bat")

YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Matches some letters with their sounds (e.g. "letter T says "tuh")
<input type="checkbox"/>	<input type="checkbox"/> Counts to 5 or higher
<input type="checkbox"/>	<input type="checkbox"/> Participates in turn taking activities/games with 1-2 other peers (e.g. catch, snakes and ladders)
<input type="checkbox"/>	<input type="checkbox"/> Runs without falling/good coordination
<input type="checkbox"/>	<input type="checkbox"/> Draws a circle and square
<input type="checkbox"/>	<input type="checkbox"/> Cuts across paper with small scissors
<input type="checkbox"/>	<input type="checkbox"/> Puts shoes on correct feet
<input type="checkbox"/>	<input type="checkbox"/> Toilet trained
<input type="checkbox"/>	<input type="checkbox"/> Dresses and undresses without help
<input type="checkbox"/>	<input type="checkbox"/> Washes and dries hands without assistance

RED FLAGS:

<input type="checkbox"/> The child has lost any previously obtained skills, language or social skills	<input type="checkbox"/> Echoing others' phrases or sentences (for example: parent says "put on your shoes"; child responds "put on your shoes")
<input type="checkbox"/> Inconsistent/no response when name is called	<input type="checkbox"/> Compulsions or rituals (Has to perform activities in a special way or certain sequence. Prone to temper tantrums if rituals are interrupted)
<input type="checkbox"/> Rarely engages socially (e.g. smiling, eye contact)	
<input type="checkbox"/> More interested in looking at objects than people's faces	
<input type="checkbox"/> 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)	
<input type="checkbox"/> Preoccupation with unusual interests such as light switches, doors, fans, wheels	
<input type="checkbox"/> Talks in "whole phrases" or "scripts" from TV shows or books, when these do not seem relevant to the situation	

STUTTERING:

Parents report child "stutters" using repetitions of words (e.g. "I I I") 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: _____