Community Services and Housing
Early Intervention Services

EARLY REFERRAL
IDENTIFICATION KIT

York Region Preschool
Speech and Language Program

60 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.*

****No longer eligible for service by York Region Preschool Speech and Language Program. If concerned, parents to contact child's school for referral to School Board Speech Language Pathologist.***

YES	NO	
❑	❑	Follows group directions (e.g. "all the boys get a toy")
❑	❑	Understands directions involving "if...then" (e.g. "If you're wearing a red shirt, then line up for gym")
❑	❑	Describes past, present and future events in detail
❑	❑	Uses almost all of the sounds of their language with few or no errors
❑	❑	Seeks to please his/her friends
❑	❑	Shows increasing independence in friendships (e.g. may visit neighbour by him/herself)
❑	❑	Knows all the letters of the alphabet
❑	❑	Identifies the sounds at the beginning of some words (e.g. "Pop start with the "puh" sound")
❑	❑	Plays with or at an activity for 20 minutes

YES	NO	
❑	❑	Will play with a variety of toys/games/materials
❑	❑	Walks up stairs alternating feet
❑	❑	Hops with one foot without support
❑	❑	Draws a stick person with at least 3 body parts (e.g. eyes, nose, mouth, head, body, arms and legs
❑	❑	Strings a small set of beads
❑	❑	Holds crayon/pencil correctly (between thumb and forefinger)
❑	❑	Prints first letter or more of name
❑	❑	Cuts and pastes
❑	❑	Is okay with messy activities (e.g. paint, playdough, glue)
❑	❑	Pours milk/juice from pitcher without spilling

RED FLAGS:

- ❑ The child has lost any previously obtained skills, language or social skills
- ❑ No response when name is called, causing concern about hearing
- ❑ Loss of any previously obtained language or social skills
- ❑ More interested in looking at objects than people's faces
- ❑ Rarely engages socially (e.g. smiling, eye contact)
- ❑ Preoccupation with unusual interests such as light switches, doors, fans, wheels
- ❑ Compulsions or rituals (has to perform activities in a special way or certain sequence: is prone to temper tantrums if rituals are interrupted)

Stuttering, voice or articulation: parents refer to School Board Speech Language Pathologist.

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 Early Intervention Services for my child ______________________ .

Signature: ______________________ Date: ______________________