



Community and Health Services  
Early Intervention Services



EARLY REFERRAL  
IDENTIFICATION KIT



York Region Preschool  
Speech and Language Program

## 18 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses at least 20 words consistently even if not clear (e.g. labeling food, toys, people)		Enjoys being read to and sharing simple books with you	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes at least 4 different consonant sounds (e.g. p, b, m, n, d, g, w, h)		Demonstrates some pretend play with toys (e.g. gives teddy a drink, pretends a bowl is a hat)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds with words or gestures to simple questions (e.g. "Where's teddy?", "What's that?")		Walks alone (feet may have wide gait)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the concepts of "in & out", "off & on"		Walks up and down stairs with assistance	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Points to three or more body parts when asked		Climbs onto low step, table or stool	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Points to familiar pictures using one finger		Likes to retrieve and carry objects	
		<input type="checkbox"/>	<input type="checkbox"/>
		Takes off own socks and hat	
		<input type="checkbox"/>	<input type="checkbox"/>
		Fits objects together (e.g. pegs, nesting cups)	
		<input type="checkbox"/>	<input type="checkbox"/>
		Brings spoon to mouth in attempts to self feed	

### RED FLAGS:

- The child has lost any previously obtained 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
- Difficulty eating solids or swallowing
- 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

### 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: \_\_\_\_\_

### CONSENT

- Verbal consent provided by parent/guardian

### The Children's Treatment Network Developmental Assessment and Consultation Services (DACs)

- No referral indicated at this time
- Referral has been made by doctor
- Referral to be initiated by Early Intervention Services

**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