



Community Services and Housing
Early Intervention Services



EARLY REFERRAL
IDENTIFICATION KIT



York Region Preschool
Speech and Language Program

24 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 100–150 words	<input type="checkbox"/> <input type="checkbox"/> Holds books the right way up and turns pages one at a time
<input type="checkbox"/> <input type="checkbox"/> Uses at least two pronouns (e.g. “you”, “me”, “mine”)	<input type="checkbox"/> <input type="checkbox"/> ‘Reads’ to stuffed animals or toys
<input type="checkbox"/> <input type="checkbox"/> Consistently combines 2 to 4 words in short phrases (e.g. “Daddy hat”, “truck go down”)	<input type="checkbox"/> <input type="checkbox"/> Walks up/down stairs unassisted
<input type="checkbox"/> <input type="checkbox"/> Words are understood by others 50% to 60% of the time	<input type="checkbox"/> <input type="checkbox"/> Kicks ball forward
<input type="checkbox"/> <input type="checkbox"/> Forms words/sounds easily and effortlessly	<input type="checkbox"/> <input type="checkbox"/> Able to throw a small ball overhand
<input type="checkbox"/> <input type="checkbox"/> Follows two-step directions (e.g. “Go find your teddy bear and show it to Grandma”)	<input type="checkbox"/> <input type="checkbox"/> Undresses self (e.g. takes off open coat, pulls down pants)
<input type="checkbox"/> <input type="checkbox"/> Enjoys being around/playing near other children	<input type="checkbox"/> <input type="checkbox"/> Scribbles with crayons/ marks paper
<input type="checkbox"/> <input type="checkbox"/> Begins to offer toys to peers and imitate other children’s actions and words	<input type="checkbox"/> <input type="checkbox"/> Eats variety of foods with spoon independently, spilling little

RED FLAGS:

<input type="checkbox"/> The child has lost any previously obtained skills, language or social skills	<input type="checkbox"/> Talks in “scripts” from TV shows or books, rather than in their own words
<input type="checkbox"/> Inconsistent/no response when name is called	<input type="checkbox"/> Echoing others’ words
<input type="checkbox"/> More interested in looking at objects than people’s faces	STUTTERING:
<input type="checkbox"/> 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)	<input type="checkbox"/> <i>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”).</i>
<input type="checkbox"/> Preoccupation with unusual interests such as light switches, doors, fans, wheels	VOICE:
<input type="checkbox"/> Untaught reading of complex written text	<input type="checkbox"/> <i>Unusual quality</i>

FAMILY INFORMATION

CHILD’S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ POSTAL CODE: _____

PARENT(S) NAME: _____ WORK#: _____ HOME#: _____

REFERRAL SOURCE

NAME: _____ PHONE#: _____ FAX#: _____

ADDRESS: _____ POSTAL CODE: _____

CONSENT

Verbal consent provided by parent /guardian

THE CHILDREN’S TREATMENT NETWORK DEVELOPMENT ASSESSMENT AND CONSULTATION SERVICES (DACS)
formerly the Paediatric Developmental Assessment Clinic

No referral indicated at this time Referral has been made by doctor Referral to be initiated by Central Intake Line