



Community and Health Services
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 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

Talks in "whole phrases" or "scripts" from TV shows or books, when these do not seem relevant to the situation

Echoing others' phrases or sentences (for example: parent says "put on your shoes"; child responds "put on your shoes")

STUTTERING:

Parents report child "stutters" using repetitions of words (e.g. "lll") 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