

30 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 over 350 words	<input type="checkbox"/> <input type="checkbox"/> Combines several actions in play (e.g. feeds doll and then puts her to sleep, puts blocks in train then drives train, drops blocks off)
<input type="checkbox"/> <input type="checkbox"/> Uses some adult grammar (e.g. "two cookies", "bird flying", "I jumped")	<input type="checkbox"/> <input type="checkbox"/> Recognizes familiar logos and signs involving print (e.g. golden arches of McDonalds, "Stop" sign)
<input type="checkbox"/> <input type="checkbox"/> Uses action words (e.g. run, spill, fall)	<input type="checkbox"/> <input type="checkbox"/> Recognizes self in mirror or picture
<input type="checkbox"/> <input type="checkbox"/> Understands the concepts of size (big/little) and quantity (a little/a lot more)	<input type="checkbox"/> <input type="checkbox"/> Walks up and down stairs unassisted
<input type="checkbox"/> <input type="checkbox"/> Understands and re-tells familiar stories	<input type="checkbox"/> <input type="checkbox"/> Opens door by turning knob
<input type="checkbox"/> <input type="checkbox"/> Puts sounds at the start of most words	<input type="checkbox"/> <input type="checkbox"/> Scribbles with circular motion
<input type="checkbox"/> <input type="checkbox"/> Produces words with two or more syllables or beats (e.g. "ba-na-na", "com-pu-ter", "a-pple")	<input type="checkbox"/> <input type="checkbox"/> Copies horizontal/vertical line
<input type="checkbox"/> <input type="checkbox"/> Begins taking short turns with peers, using both words and toys	<input type="checkbox"/> <input type="checkbox"/> Dresses self with assistance
<input type="checkbox"/> <input type="checkbox"/> Demonstrates concern when another child is hurt/sad	<input type="checkbox"/> <input type="checkbox"/> Feeds self with little mess using fork or spoon
	<input type="checkbox"/> <input type="checkbox"/> Helps with simple household tasks (e.g. dusting, sweeping)

RED FLAGS:

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> The child has lost any previously obtained skills, language or social skills <input type="checkbox"/> Inconsistent/no response when name is called <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 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"/> Echoing others' words <input type="checkbox"/> Preoccupation with unusual interests such as light switches, doors, fans, wheels <input type="checkbox"/> Untaught reading of complex written text | <ul style="list-style-type: none"> <input type="checkbox"/> Compulsions or rituals (has to perform activities in a special way or certain sequence: is prone to temper tantrums if rituals are interrupted) <input type="checkbox"/> Talks in "scripts" from TV shows or books, rather than in their own words <p style="color: red; margin-top: 10px;">STUTTERING:</p> <ul style="list-style-type: none"> <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> <p style="color: red; margin-top: 10px;">VOICE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Unusual quality</i> |
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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