



Community and Health Services
Early Intervention Services



EARLY REFERRAL
IDENTIFICATION KIT



York Region Preschool
Speech and Language Program

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**.

<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Uses over 350 words</p> <p><input type="checkbox"/> <input type="checkbox"/> Uses some adult grammar (e.g. "two cookies", "bird flying", "I jumped")</p> <p><input type="checkbox"/> <input type="checkbox"/> Uses action words (e.g. run, spill, fall)</p> <p><input type="checkbox"/> <input type="checkbox"/> Understands the concepts of size (big/little) and quantity (a little/a lot more)</p> <p><input type="checkbox"/> <input type="checkbox"/> Understands and re-tells familiar stories</p> <p><input type="checkbox"/> <input type="checkbox"/> Puts sounds at the start of most words</p> <p><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")</p> <p><input type="checkbox"/> <input type="checkbox"/> Begins taking short turns with peers, using both words and toys</p> <p><input type="checkbox"/> <input type="checkbox"/> Demonstrates concern when another child is hurt/sad</p>	<p>YES NO</p> <p><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)</p> <p><input type="checkbox"/> <input type="checkbox"/> Recognizes familiar logos and signs involving print (e.g. golden arches of McDonalds, "Stop" sign)</p> <p><input type="checkbox"/> <input type="checkbox"/> Recognizes self in mirror or picture</p> <p><input type="checkbox"/> <input type="checkbox"/> Walks up and down stairs unassisted</p> <p><input type="checkbox"/> <input type="checkbox"/> Opens door by turning knob</p> <p><input type="checkbox"/> <input type="checkbox"/> Scribbles with circular motion</p> <p><input type="checkbox"/> <input type="checkbox"/> Copies horizontal/vertical line</p> <p><input type="checkbox"/> <input type="checkbox"/> Dresses self with assistance</p> <p><input type="checkbox"/> <input type="checkbox"/> Feeds self with little mess using fork or spoon</p> <p><input type="checkbox"/> <input type="checkbox"/> Helps with simple household tasks (e.g. dusting, sweeping)</p>
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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. 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")
- Compulsions or rituals (Has to perform activities in a special way or certain sequence. Prone to temper tantrums if rituals are interrupted)

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