



Community and Health Services
Early Intervention Services



EARLY REFERRAL
IDENTIFICATION KIT



York Region Preschool
Speech and Language Program

48 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"/> Follows directions involving 3 or more steps (e.g. "get some paper, draw a picture, and give it to Mom")</p> <p><input type="checkbox"/> <input type="checkbox"/> Uses adult-type grammar</p> <p><input type="checkbox"/> <input type="checkbox"/> Tells stories with clear beginning, middle and end</p> <p><input type="checkbox"/> <input type="checkbox"/> Attempts to solve problems with adults and other children using language</p> <p><input type="checkbox"/> <input type="checkbox"/> Demonstrates increasingly complex imaginative play</p> <p><input type="checkbox"/> <input type="checkbox"/> Understood by strangers almost all of the time</p> <p><input type="checkbox"/> <input type="checkbox"/> Able to generate simple rhymes (e.g. "cat-bat")</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Matches some letters with their sounds (e.g. "letter T says "tuh")</p> <p><input type="checkbox"/> <input type="checkbox"/> Counts to 5 or higher</p> <p><input type="checkbox"/> <input type="checkbox"/> Participates in turn taking activities/games with 1-2 other peers (e.g. catch, snakes and ladders)</p> <p><input type="checkbox"/> <input type="checkbox"/> Runs without falling/good coordination</p> <p><input type="checkbox"/> <input type="checkbox"/> Draws a circle and square</p> <p><input type="checkbox"/> <input type="checkbox"/> Cuts across paper with small scissors</p> <p><input type="checkbox"/> <input type="checkbox"/> Puts shoes on correct feet</p> <p><input type="checkbox"/> <input type="checkbox"/> Toilet trained</p> <p><input type="checkbox"/> <input type="checkbox"/> Dresses and undresses without help</p> <p><input type="checkbox"/> <input type="checkbox"/> Washes and dries hands without assistance</p>
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RED FLAGS:

- | | |
|---|--|
| <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 usually 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"/> Preoccupation with unusual interests such as light switches, doors, fans, wheels <input type="checkbox"/> Talks in "whole phrases" or "scripts" from TV shows or books, when these do not seem relevant to the situation | <ul style="list-style-type: none"> <input type="checkbox"/> Echoing others' phrases or sentences (for example: parent says "put on your shoes"; child responds "put on your shoes") <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) |
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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