



Community Services and Housing  
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**.

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

### 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 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

- Echoing others' words
- Compulsions or rituals (has to perform activities in a special way or certain sequence: is 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. "mmmommy) 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#: \_\_\_\_\_

### 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