York Region
Community and Health Services
Early Intervention Services

EARLY REFERRAL IDENTIFICATION KIT

Markham Stouffville Hospital Corporation
York Region Preschool Speech and Language Program

Referral for 24 Months

Date: _____ Child's Name: _____ Date of Birth_____

Parent(s) Name: _____Phone # _____email_____

Child's address_____ Postal Code_____

If the child has one or more flags, please fax your referral to Central Intake at 905-762-2115

Yes	No	
☐		Uses 100 words or more
☐		Uses at least two pronouns (e.g. "you", "me", "mine")
☐		Consistently combines 2 to 4 words in short phrases (e.g. "Daddy hat", "Truck go down")
☐		Words are understood by others half the time
☐		Forms words and sounds easily and effortlessly
☐		Follows two-step directions (e.g. "Go find your teddy and show it to grandma")
☐		Enjoys being around and playing with other children (e.g. sharing or to offering toys to peers)
☐		Begins to imitate peers' actions and words
☐		Holds book the right way up and turns pages one at a time
☐		Pretends by acting out daily and special routines with toys (e.g. cooking a meal or a birthday party)
☐		Can run or walk fast
☐		Walks downstairs holding only onto parent's finger
☐		Kicks ball forward
☐		Tries to undress self (e.g. takes off/opens coat, pulls down pants)
☐		Can throw a small ball overhand
☐		Scribbles with crayons / marks paper
☐		Feeds him/herself with a spoon, spilling little

Has anyone noticed whether the child

Yes	No	
	☐	Has lost any previously obtained skills, language or social skills
	☐	Does not respond consistently or at all when name is called
	☐	Rarely engages socially (e.g. smiling, eye contact)
	☐	Is more withdrawn or more difficult to comfort than other children
	☐	Is more interested in looking at objects than people's faces
	☐	When eating, has sensitivity/aversions to different textures OR difficulty chewing or swallowing
	☐	Lacks interest in toys or typically plays with them in an unusual or repetitive way (e.g. lining up, spinning, opening/closing parts rather than using the toy in the expected way)
	☐	Is preoccupied with unusual interests or topics (e.g. light switches, doors, fans, trains)
	☐	Shows an intense interest in letters or numbers to the exclusion of a more typical way of interacting with an object (e.g. focussing on the words rather than the pictures in a book, or on the letters written on an toy vs. the toy itself)
	☐	Performs activities in a special way/certain order and may have a temper tantrum if this activity is interrupted
	☐	Moves his/her fingers, hands or body in an odd or repetitive way
	☐	Echoes other people's phrases or sentences (e.g. parent says "Put on your shoes" child responds "Put on your shoes")
	☐	Talks in whole phrases or scripts from TV shows or books when these do not seem relevant to the situation
	☐	STUTTERS: 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")
	☐	Has an unusual voice quality (e.g. nasal, hoarse, breathy)

REFERRAL SOURCE _____ **Phone:** _____ **Fax:** _____

Address: _____ **email:** _____

PARENT GUARDIAN CONSENT

I _____ consent to a referral being made to York Region Preschool Speech & Language Program and/or Early Intervention Services for my child_____ .

Signature: _____Date:_____

Notes:_____

_____

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