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 9 Months

Date: _____ Child's Name: _____

Date of Birth: _____

Parent(s) Name: _____

Home # _____ Work #_____ Cell # _____ 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	
☐	⚑	Responds to his/her name
☐	⚑	Responds to telephone ringing or a knock at the door
☐	⚑	Understands being told "no"
☐	⚑	Gets what she/he wants through gestures (e.g. reaching to be picked up)
☐	⚑	Plays social games with you (e.g. "Peek-A-Boo")
☐	⚑	Babbles and repeats sounds such as "babababa" or "duhduhduh"
☐	⚑	Feeds self cracker or cookie
☐	⚑	Mouths and chews on objects
☐	⚑	Looks for dropped objects or hidden toy
☐	⚑	Sits without support for a few minutes
☐	⚑	Moves forward while on stomach/ starting to crawl or rolls to get around the room
☐	⚑	Travels by rolling, scooting or creeping
☐	⚑	Stands while holding onto something
☐	⚑	Picks up small objects using tips of thumb and index finger
☐	⚑	Releases objects voluntarily
☐	⚑	Bangs two objects together or claps

Has anyone noticed whether the child

Yes	No	
⚑	☐	Has lost any previously obtained skills
⚑	☐	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⚑	☐	Is more withdrawn or more difficult to comfort than other children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
⚑	☐	Has any difficulty with feeding or swallowing

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