

### Referral for 48 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	
<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"/>	Uses adult-type grammar
<input type="checkbox"/>	<input type="checkbox"/>	Tells stories with clear beginning, middle and end
<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates increasingly complex imaginative play, using words, actions and interactions with peers
<input type="checkbox"/>	<input type="checkbox"/>	Speaks clearly enough to be understood by strangers almost all of the time
<input type="checkbox"/>	<input type="checkbox"/>	Enjoys rhyming (e.g. cat, bat, hat) and singing children's songs
<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"/>	Runs, stops and starts without falling/good coordination
<input type="checkbox"/>	<input type="checkbox"/>	Walks upstairs alternating one foot to each step, without holding the wall or railing
<input type="checkbox"/>	<input type="checkbox"/>	Draws a circle and square
<input type="checkbox"/>	<input type="checkbox"/>	Cuts across paper with small scissors
<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 hands without assistance

**Has anyone noticed whether the child**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has lost any previously obtained skills, language or social skills
<input type="checkbox"/>	<input type="checkbox"/>	Does not respond consistently or at all when name is called
<input type="checkbox"/>	<input type="checkbox"/>	Rarely engages socially (e.g. smiling, eye contact)
<input type="checkbox"/>	<input type="checkbox"/>	Is more interested in looking at objects than people's faces
<input type="checkbox"/>	<input type="checkbox"/>	When eating, has sensitivity/aversions to different textures OR difficulty chewing or swallowing
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	Is preoccupied with unusual interests or topics (e.g. light switches, doors, fans, trains)
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	Performs activities in a specific way/certain order and may have a temper tantrum if this activity is interrupted
<input type="checkbox"/>	<input type="checkbox"/>	Moves his/her fingers, hands or body in an odd or repetitive way
<input type="checkbox"/>	<input type="checkbox"/>	Echoes other people's phrases or sentences (e.g. parent says "Put on your shoes" child responds "Put on your shoes")
<input type="checkbox"/>	<input type="checkbox"/>	Talks in whole phrases or scripts from TV shows or books when these do not seem relevant to the situation
<input type="checkbox"/>	<input type="checkbox"/>	STUTTERS: Parents report child "stutters" using repetitions of words (e.g. "l l l") or syllables (e.g. "dadadaddy"), sound prolongations (e.g. "mmmommy) or blocks (e.g. "b----all")
<input type="checkbox"/>	<input type="checkbox"/>	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: \_\_\_\_\_

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• REFERRAL SOURCE CONFIRMATION:

Date: \_\_\_\_\_

File opened for Early Intervention and/or Speech and Language

Parent declined

Family could not be reached