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 36 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	
☐		Understands "who" "what" "where" and "why" questions
☐		Creates long sentences using 5 – 8 words
☐		Understood by most people outside of the family most of the time
☐		Talks about past events (e.g. trip to Grandparents' house, day at childcare)
☐		Tells simple stories
☐		Names one or more colours
☐		Shows affection for favourite playmates
☐		Joins in play with a group of two or more peers
☐		Engages in multi-step pretend play, including words (e.g. pretending to cook a meal, repair a car, etc)
☐		Listens to stories or music for 5 minutes with adult
☐		Gets up from squatting position without help
☐		Throws a ball forward fairly straight for three metres
☐		Stands on one foot with momentary balance
☐		Can jump forward from standing on two feet for more than 30 centimetres
☐		Completes an easy puzzle (4-6 pieces)
☐		Copies a circle from a model

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 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 specific 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