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 30 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 350 words or more
☐		Speaks in sentences of at least 3 words
☐		Uses some adult word-endings (e.g. "two cookies", "bird flying" "I jumped")
☐		Uses action words (e.g. "run", "spill", "fall")
☐		Listens to and understands simple stories and retells familiar stories
☐		Understands concepts of size (big vs. Little) and quantity (a little vs. a lot)
☐		Uses consonant sounds at the beginning of words (e.g. **b**ig, **p**otty, **m**essy, **d**onut)
☐		Produces words with two or more syllables or beats (e.g. "ba-na-na" "a-pple", "com-pu-ter")
☐		Begins taking short turns with peers, using both words and toys
☐		Shows concern when another child is hurt or sad
☐		Pretend play involves several actions (e.g. feeds doll and then puts her to sleep)
☐		Tries to join in with you when you sing songs or make rhymes
☐		Recognizes self in mirror or photo
☐		Opens a door by turning the knob
☐		Copies horizontal / vertical line
☐		Can walk up and down stairs without holding onto wall or railing
☐		Dresses self with a little help
☐		Feeds self with little mess using spoon or fork
☐		Jumps with both feet off the floor

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