Niagara Children's Centre Birth-School Start OT, PT, SLP Referral Checklist For Community Partners

Important Information:

The purpose of this Referral Checklist is to help determine whether a child may be eligible for Occupational Therapy, Physical Therapy, and/or Speech-Language Pathology assessment at Niagara Children's Centre.

This Referral Checklist is limited in scope:

- It is NOT a substitute for professional advice, diagnosis, or treatment
- It is NOT a diagnostic test - specific results cannot confirm the presence or absence of delays or disorders
- It is NOT a "milestone" checklist that lists average ages skills are developed. Children with mild-moderate delays or other concerns not addressed by this checklist should be directed to the appropriate community resource.

Referral Information:

Child's First and Last Name: _____ Date of Birth (DD/MM/YYYY): ___/___/_____
Requester first and last name: _____
Requester phone: _____-_____-_____ Requester email:_____
Requester agency:_____

Instructions:

- Children are eligible for referral using this checklist until August 31 of the year the child turns 4.
- Checklists must be faxed (905-688-9181) with a community partner referral form to be accepted. Please only open and complete the sections required for the referral.
- For Motor and Feeding/Eating, children can qualify for indicators in younger ages.
- Motor and Feeding/Eating: correct child's age until 1 year; Communication, Play, Behaviour: chronological age
- If child doesn't qualify but you are concerned: use comment section at end and submit to Intake for discussion.

AGE INDEPENDENT CRITERIA FOR BIRTH-SCHOOL START

		YES	NO
Formal Diagnosis	Chromosomal Dx: When meet criteria for service unless typically associated with developmental delays (e.g. Down Syndrome, Prader-Willi, Cri-du-Chat)	☐	☐
	Brain based abnormalities with functional concerns; acquired brain injury; tremors	☐	☐
	Muscular dystrophies	☐	☐
	Spinal cord injury	☐	☐
	Autism Spectrum Disorder		
Loss of Skill	Any loss of functional skills either significantly or sustained over time	☐	☐
Prematurity	ONLY when meets criteria on checklists on this form	☐	☐

Asymmetries	Differences in strength, range of motion, coordination, movement or muscle tone	☐	☐
Congenital or acquired limb abnormalities	Any limb abnormalities/differences (excluding club feet with no functional concerns and limb length without functional concerns)	☐	☐
Torticollis /Plagiocephaly	Significant torticollis at or after 5 months e.g. any of head tilt, ear shift forward, eye position changes, or other impact on motor milestones/movement	☐	☐
Tone Abnormalities	High tone (i.e. child's muscles are tighter/more rigid than other children's and challenges bending or straightening limbs during dressing diapering)	☐	☐
	Low tone AND when meets criteria on checklists on this form	☐	☐
Orthopedic	Congenital hip dysplasia	☐	☐
	Sports injuries with complicated recovery (i.e. compound fracture with nervous system involvement)	☐	☐
	Orthopedic injuries for current/past clients with physical/developmental complexity	☐	☐
	Isolated bowlegs/knock knees after age 3 with frequent tripping and injury	☐	☐
	Bilateral In-toeing and out-toeing with frequent tripping AND falls that are impacting age-appropriate function	☐	☐
	Refer for any "yes"		

MOTOR-BASED AGE CHECKLISTS

Instructions: Start at the appropriate section based on the child's age. Answer each question with a Yes or No. Referrals are indicated as per instructions on chart. If the child doesn't qualify for referral based on criteria listed in their age range, score criteria from all ages YOUNGER than the child. Children qualify for a referral based on items within their age range IN ADDITION TO items indicated in younger age ranges.

Section 1: Make a referral if there are 2 or more "no" responses
Section 2: Make a referral if there are any "yes" responses

By 3 months corrected

Section 1		
	YES	**NO**
While lying on tummy, takes some weight through arms (eg. Forearms or hands)	☐	☐
While lying on tummy, able to lift head from floor to look at an object (i.e. eyes forward)	☐	☐
While lying on back turns head to track objects when moved side to side	☐	☐
While lying on back brings hands to mouth	☐	☐
While lying on back moves legs and arms off of surface	☐	☐
Opens hands (i.e. doesn't always keep hands fisted)	☐	☐
Reaches for or bats at toys that are within reach	☐	☐
Refer for 2 or more "no" responses in Section 1		
Section 2		
	YES	**NO**
While lying on tummy unable to clear forehead off floor	☐	☐

While lying on back pushes back with head(i.e. arching of back)	☐	☐
Stiff/rigid arms and/or legs with little or no movement	☐	☐
Refer for any "yes" responses in Section 2		

By 6 months corrected

Section 1

	YES	NO
While lying rolls from back to tummy or tummy to back	☐	☐
While lying on tummy able to play for at least 1 minute	☐	☐
While lying on tummy reaches for nearby toys	☐	☐
While in supported sitting maintains tall torso/straight back (i.e. not arching back or slumping forward)	☐	☐
While in supported sitting maintains head steady (e.g. no head bobbing or head droop)	☐	☐
During pull-to-sit from lying on back tucks chin (i.e. head is not falling back/lagging)	☐	☐
While standing with support, can accept weight through flat feet	☐	☐
Releases objects from hands voluntarily	☐	☐
Moves a toy from one hand to another	☐	☐
Brings toys or hands to mouth	☐	☐
Refer for 2 or more "no" responses in Section 1		

Section 2

	YES	NO
While lying on their back holds arms stiff and is unable to bring arms forward to reach out	☐	☐
When pulling to sit from lying on back arches back and stiffens legs	☐	☐
While in supported standing holds arms back and has stiff legs	☐	☐
Refer for any "yes" responses in Section 2		

By 9 months corrected

Section 1

	YES	NO
While sitting unsupported is able to reach for objects, turn head to look at things, use hands to manipulate objects	☐	☐
Moves in and out of various positions (2 or more of: lying to sitting, sitting to hands and knees or tummy, hands and knees to sitting, pulling to stand)	☐	☐
Refer for 2 or more "no" responses in Section 1		

Section 2

	YES	NO
While in supported sitting unable to maintain head steady (e.g. no head bobbing or head droop)	☐	☐
While in supported sitting maintains rounded back resulting in child's inability to look forward	☐	☐
Unable to move forward any distance on the floor (i.e. crawling, creeping forward, commando crawling, bum shuffling)	☐	☐
While in supported standing unable to take weight on legs	☐	☐
Refer for any "yes" responses in Section 2		

By 12 months corrected

Section 1

	YES	NO
Moves in and out of various positions to explore environment and get desired item (eg. Pulls to stand, climbs, moves from sitting to hands and knees)	☐	☐
Pulls self to stand from the floor (either with furniture or independently)	☐	☐

Stands with minimal support (surface, person or independently)	☐	☐
Cruises along furniture (if not yet walking)	☐	☐
Picks up cheerio or other small object between thumb, index and middle fingers	☐	☐
Refer for 2 or more "no" responses in Section 1		

Section 2

	YES	NO
Only uses arms to pull up to stand	☐	☐
Unable to move from lying to sitting	☐	☐
While in supported standing unable to maintain head steady (e.g. no head bobbing or head droop)	☐	☐
Unable to sit unsupported and reach for objects, turn head to look at things, use hands to manipulate objects	☐	☐
Refer for any "yes" responses in Section 2		

By 15 months

Section 1

	YES	NO
Cruise to a different piece of furniture (if not yet walking)	☐	☐
Stands alone momentarily	☐	☐
Takes steps with minimal support from adult (does not need to be independently walking)	☐	☐
Releases objects into a container with a large opening	☐	☐
Refer for 2 or more "no" responses in Section 1		

Section 2

	YES	NO
Unable to pull to stand	☐	☐
Refer for any "yes" responses in Section 2		

By 18 months

Section 1

	YES	NO
While independent standing able to maintain balance while using two hands together to explore toys	☐	☐
Cruising from one piece of furniture to another and/or walking with a push toy – if not yet walking	☐	☐
Squats to pick up a toy and returns to standing	☐	☐
Transitions to standing from floor independently	☐	☐
Crawls up stairs (if child has had opportunity)	☐	☐
Uses an object in either hand as a tool, (eg at least one of toy hammer, crayon, spoon or comb)	☐	☐
Purposely releases an object in desired location (eg able to stack blocks or stack other items, or insert shape into simple shape sorter or wooden puzzle)	☐	☐
Uses index finger to point to what they want, point to pictures in a book, poke objects etc.	☐	☐
Refer for 2 or more "no" responses in Section 1		

Section 2

	YES	NO
Unable to stand independently even for a short time	☐	☐
Unable to take any independent steps at 18 months; not walking independently by 21 months for longer distances (approximately 20 feet)	☐	☐
Toe walkers (walking more than 9 months) on toes more than 50% of time and/or cannot self-correct (cannot get heels down with verbal cueing); Toe walking asymmetrically; Toe walking with tightness in heel cord/ high tone in calves	☐	☐

Children who have been walking for more than 9 months who cannot keep up with their peers or who are tripping on a daily basis and appear clumsy/disorganized in movement patterns (e.g. fall when nudged or trying to catch a ball, falling with slight elevation or surface changes)	☐	☐
Refer for any "yes" responses in Section 2		

By 24 months

Section 1

	YES	NO
Runs (If child has been walking for nine months)	☐	☐
While independent standing maintains balance when gently bumped by peers	☐	☐
While independent standing throws ball without losing balance	☐	☐
While independent standing kicks large ball	☐	☐
Climbs up and down stairs with support (if have opportunity)	☐	☐
Climbs on low furniture	☐	☐
Has adequate endurance and strength to keep up to peers	☐	☐
Uses both hands/arms in playing – able to pull toys apart, press toys together (eg (mega blocks, pop beads, velcro fruit)	☐	☐
Refer for 2 or more "no" responses in Section 1		

Section 2

	YES	NO
Poor standing balance, falls frequently	☐	☐
In standing unable to turn head in either direction without losing balance	☐	☐
Unable to squat to pick up a toy	☐	☐
Unable to take steps independently	☐	☐
Toe walkers (walking more than 9 months) on toes more than 50% of time and/or cannot self-correct (cannot get heels down with verbal cueing); Toe walking asymmetrically; Toe walking with tightness in heel cord/ high tone in calves	☐	☐
Children who have been walking for more than 9 months who cannot keep up with their peers or who are tripping on a daily basis and appear clumsy/disorganized in movement patterns (e.g. fall when nudged or trying to catch a ball, falling with slight elevation or surface changes)	☐	☐
Refer for any "yes" responses in Section 2		

By 36 months

Section 1

	YES	NO
Walks independently and maintains balance over uneven surfaces	☐	☐
Walks independently through new room without bumping into objects and people	☐	☐
Steps up or down a curb independently	☐	☐
Jumps independently with both feet leaving the ground	☐	☐
Enjoys and seeks out various ways to move and play	☐	☐
Coordinates both hands for play, such as swinging a bat	☐	☐
Refer for 2 or more "no" responses in Section 1		

Section 2

	YES	NO
Toe walkers (walking more than 9 months) on toes more than 50% of time and/or cannot self-correct (cannot get heels down with verbal cueing); Toe walking asymmetrically; Toe walking with tightness in heel cord/ high tone in calves	☐	☐

Children who have been walking for more than 9 months who cannot keep up with their peers or who are tripping on a daily basis and appear clumsy/disorganized in movement patterns (e.g. fall when nudged or trying to catch a ball, falling with slight elevation or surface changes)	☐	☐
Refer for any "yes" responses in Section 2		

By 48 months

Section 1		
	YES	**NO**
Pedals a tricycle (if had opportunity)	☐	☐
Coordinates movements needed to play and explore	☐	☐
Sits independently in an appropriate sized chair without support of arms	☐	☐
Catches a large ball when thrown directly to them	☐	☐
Refer for 2 or more "no" responses in Section 1		

Section 2		
	YES	**NO**
Unable to climb up and down stairs alone with or without a railing	☐	☐
Toe walkers (walking more than 9 months) on toes more than 50% of time and/or cannot self-correct (cannot get heels down with verbal cueing); Toe walking asymmetrically; Toe walking with tightness in heel cord/ high tone in calves	☐	☐
Children who have been walking for more than 9 months who cannot keep up with their peers or who are tripping on a daily basis and appear clumsy/disorganized in movement patterns (e.g. fall when nudged or trying to catch a ball, falling with slight elevation or surface changes)	☐	☐
Refer for any "yes" responses in Section 2		

COMMUNICATION, PLAY, BEHAVIOUR CHECKLISTS

Answer each question with a YES or NO. Referrals are indicated as per instructions on chart.

Section 1: Make a referral if there are any "no" responses (see exception for By 3 months)

Section 2: Make a referral if there are any "yes" responses (unless bolded, as questions that are bolded must have at least 1 other "referral" response on this form from any category)

By 3 months

Section 1		
	YES	**NO**
Startle in response to sudden, loud noises when awake	☐	☐
Quiets or smiles when you talk	☐	☐
Make some noises such as coos, gurgles, or squeals	☐	☐
Refer for 2 or more "no" responses in Section 1		

By 6 months

Section 1		
	YES	**NO**
Use different sounds or cries for different needs (*e.g. for hunger, tiredness, attention, etc)*	☐	☐
Turn toward the source of sounds	☐	☐
Startle in response to sudden, loud noises when awake	☐	☐

Watch your face as you talk	☐	☐
Smile and laugh in response to your smiles and laughs	☐	☐
Make noises such as coos, gurgles, and squeals	☐	☐
Try to make sounds when you make sounds *(does not need to copy the exact sound)*	☐	☐
Refer for any "no" responses in Section 1		

Section 2

	YES	NO
Have limited interest in people *(e.g. has limited smiling, laughing, making eye contact, or responses to a person's speech/facial expressions/gesture; seems more interested in objects than people's faces)*	☐	☐
No longer have social or communication skills they once did *(e.g. is no longer smiling and laughing, is no longer making noises)*	☐	☐
Refer for any "yes" responses in Section 2		

By 9 months

Section 1

	YES	NO
Show you what they want by reaching for or looking at what they want AND then looking at you to get it for them	☐	☐
Respond to everyday sounds when awake *(e.g. a telephone ringing, knock at the door, toys)*	☐	☐
Respond to or look at you when you use an interesting or excited voice to say the child's name	☐	☐
Understand being told "no"*(does not need to stop what they are doing, but respond in some way to the command.)*	☐	☐
Watch your face as you talk	☐	☐
Enjoy interacting with people *(e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions)*	☐	☐
Recognize, get excited by, and/or take part in AT LEAST ONE familiar play activity with you *(e.g. peekaboo, tickle games, nursery songs/rhymes etc)*	☐	☐
Try to make sounds when you make sounds *(does not need to copy the exact sound)*	☐	☐
Babble by saying the same sound over and over (e.g. *bababa, duhduhduh, or any consonant sound followed by vowel sound)* <u>often</u> during the day	☐	☐
Refer for any "no" responses in Section 1		

Section 2

	YES	NO
Have limited interest in people *(e.g. has limited smiling, laughing, making eye contact, or responses to a person's speech/facial expressions/gesture; seems more interested in objects than people's faces)*	☐	☐
No longer have social or communication skills they once did *(e.g. is no longer smiling and laughing, is no longer making noises)*	☐	☐
Refer for any "yes" responses in Section 2		

By 12 months

Section 1

	YES	NO
Show you what they want through gestures, including BOTH of the following: • Reach for or look at what they want AND then look at you to get it for them • Put arms out to ask to be picked up	☐	☐

Make sounds to get attention <u>while</u> looking at your face	☐	☐
Show or bring things to you to get you to look at the things	☐	☐
Wave when someone waves at them *(at least some of the time with familiar people)*	☐	☐
Look across the room to something you point to	☐	☐
Respond to or look at you when you use an interesting or excited voice to say the child's name	☐	☐
Look toward, touch, or point to at least a FEW familiar objects that are close by when you name them *(e.g. where is your shoe, hat, ball, bottle?)*	☐	☐
Follow SOME simple one-step routine directions with gestures or pointing *(e.g. sit down, come here, give it to me, put it back, clap your hands)*	☐	☐
Enjoy interacting with people *(e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions)*	☐	☐
Recognize, get excited by, and/or take part in MANY familiar play activities with you *(e.g. peekaboo, tickle games, nursery songs/rhymes etc)*	☐	☐
Try to make sounds when you make sounds *(does not need to copy the exact sound)*	☐	☐
Try to communicate with you by combining different sounds as though talking (*e.g. "abada baduh abee")*	☐	☐
Refer for any "no" responses in Section 1		

Section 2

	YES	**NO**
Have limited interest in people *(e.g. has limited smiling, laughing, making eye contact, or responses to a person's speech/facial expressions/gesture; seems more interested in objects than people's faces)*	☐	☐
No longer have social or communication skills they once did *(e.g. is no longer smiling and laughing, is no longer making noises)*	☐	☐
<u>Often</u> use someone's hand as a tool in order to request something *(e.g. places an adult's hand on objects to request opening containers or activating toys)*	☐	☐
Have big reactions to unusual fears *(e.g. fears noises, moving objects, weather)* AND does not seek/initiate getting comfort from adults *(e.g. does not reach for parent)*	☐	☐
Move their fingers, hands, or body in an odd or repetitive way *(e.g. repeatedly flaps their hands, stiffens fingers during play or rocks body <u>frequently</u> throughout the day)*	☐	☐
Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way *(e.g. <u>only</u> lines up toys or <u>only</u> examines toy parts rather than play with them in the intended manner; spins, smells, opens/closes parts excessively; repeats the same steps with a toy over and over; stares along the edges of objects; dangles string or holds items closely in front of their eyes; notices fans and light switches in every room)*	☐	☐
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	☐	☐
Query of sensory sensitivities *significantly* impacting 2+ hygiene routines (bathing, tooth-brushing, hairdressing, toileting/diapering, dressing, nail cutting); either no ability to tolerate these tasks or limited ability with prolonged recovery time (+10 minutes); must have multiple occurrences of difficulty every day	☐	☐
Query of sensory sensitivities significantly impacting a child's ability to participate in daily routines/activities of daily living such as play, community outings and group settings (e.g. child care, family gatherings) due to reaction to and/or avoidance of noises, different sounds/ touches/sensations/temperatures, movements (e.g. tipping head back) and cannot recover/settle within a reasonable amount of time (e.g. 10 minutes) and with a reasonable amount of parent support	☐	☐
Vomiting in reaction to stressful situations	☐	☐
Refer for any "yes" responses in Section 2 (if bolded, there must be another "referral" response on this form from any category)		

By 15 months

Section 1

	YES	NO
Make sounds to get attention while looking at your face	☐	☐
Show you what they want through gestures, including BOTH of the following: • Point to something they want AND then look at you to get it for them • Put arms out to ask to be picked up	☐	☐
Use gestures to communicate for MANY reasons frequently throughout the day, including MANY of the following: • Shows, points to, or brings things to others to get you to look at the things • Wave • Clap • Blow kisses	☐	☐
Look across the room to something you point to	☐	☐
Look toward, touch, or point to MANY familiar objects that are close by when you name them *(e.g. where is your shoe, hat, ball, bottle?)*	☐	☐
Follow MANY simple one-step routine directions without gestures or pointing *(e.g. sit down, come here, give it to me, put it back, clap your hands)*	☐	☐
Enjoy interacting with people *(e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions)*	☐	☐
Enjoy interactive play with people using books OR toys OR songs	☐	☐
If something new happens, looks at your face to see how you feel about it *(e.g. if sees a stranger, hears a strange noise, or something breaks)*	☐	☐
Recognize, get excited by, and take part in MANY familiar play activities with you *(e.g. peekaboo, tickle games, nursery songs/rhymes, chase, etc)*	☐	☐
Try to communicate with you by combining different sounds as though talking (*e.g. "abada baduh abee")*	☐	☐
Refer for any "no" responses in Section 1		

Section 2

	YES	NO
Have limited interest in people *(e.g. has limited smiling, laughing, making eye contact, or responses to a person's speech/facial expressions/gesture; seems more interested in objects than people's faces)*	☐	☐
No longer have social or communication skills they once did *(e.g. is no longer smiling and laughing, is no longer making noises)*	☐	☐
Often use someone's hand as a tool in order to request something *(e.g. places an adult's hand on objects to request opening containers or activating toys)*	☐	☐
Have big reactions to unusual fears *(e.g. fears noises, moving objects, weather)* AND does not seek/initiate getting comfort from adults *(e.g. does not reach for parent)*	☐	☐
Move their fingers, hands, or body in an odd or repetitive way *(e.g. repeatedly flaps their hands, stiffens fingers during play or rocks body frequently throughout the day)*	☐	☐
Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way *(e.g. only lines up toys or only examines toy parts rather than play with them in the intended manner; spins, smells, opens/closes parts excessively; repeats the same steps with a toy over and over; stares along the edges of objects; dangles string or holds items closely in front of their eyes; notices fans and light switches in every room)*	☐	☐
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	☐	☐

Query of sensory sensitivities *significantly* impacting 2+ hygiene routines (bathing, tooth-brushing, hairdressing, toileting/diapering, dressing, nail cutting); either no ability to tolerate these tasks or limited ability with prolonged recovery time (+10 minutes); must have multiple occurrences of difficulty every day (Excludes difficulty toilet training. Includes sensory sensitivities related to flushing of toilets, no reaction or elevated reaction to being soiled, fear of feet dangling from toilet)	☐	☐
Query of sensory sensitivities significantly impacting a child's ability to participate in daily routines/activities of daily living such as play, community outings and group settings (e.g. child care, family gatherings) due to reaction to and/or avoidance of noises, different sounds/ touches/sensations/temperatures, movements (e.g. tipping head back) and cannot recover/settle within a reasonable amount of time (e.g. 10 minutes) and with a reasonable amount of parent support	☐	☐
Vomiting in reaction to stressful situations	☐	☐
Refer for any "yes" responses in Section 2 (if bolded, there must be another "referral" response on this form from any category)		

By 18 months

Section 1

	YES	NO
Say at least 10 words in the right place at the right time *(in an appropriate situation with a clear purpose)*. Words may not be clearly pronounced. If the child speaks in more than one language, count the total words they use in all languages (e.g., pomme, milk, chein, juice = four words).	☐	☐
Copy SOME of your words and gestures *(e.g. blowing kisses, clapping, etc)*	☐	☐
Consistently point to what they want when it is out of reach AND then look to you to get it for them	☐	☐
Come to you when they need help *(e.g. opening a package or turning on a toy)*	☐	☐
Use gestures to communicate for MANY reasons frequently throughout the day, including MANY of the following: • Shake head "no" (or says "no") • Show or bring objects to get others to look and/or points at things to get others to look •Clap •Blow kisses •"Shh" (finger over mouth) •Wave to indicate stinky •Wait (show hand or finger) •Head nod for yes •Thumbs up •High five	☐	☐
Look across the room to something you point to	☐	☐
Point to or go to get MANY familiar objects that are close by when you name them *(e.g. when you say "show me your shoe, hat, ball, bottle"?)*	☐	☐
Respond with words OR gestures to simple "where is" questions *(e.g. "Where's teddy?")*	☐	☐
Follow MANY simple one-step directions without gestures or pointing *(e.g. sit down, come here, give it to me, put it back, clap your hands)*	☐	☐
Enjoy interacting with people *(e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions)*	☐	☐
Enjoy interactive play with people using books OR toys	☐	☐
If something new happens, looks at your face to see how you feel about it *(e.g. if sees a stranger, hears a strange noise, or something breaks)*	☐	☐

Pretend by acting out everyday, familiar activities with toys involving AT LEAST one step *(e.g. stir a pot, feed stuffed animal, put baby doll to sleep, talk on phone etc)?*	☐	☐
Make at least four different consonant sounds such as *(e.g. p, m, b, n, d, g, w, h?)*	☐	☐
Speak clearly enough to be understood AT LEAST 25% of the time The child's ability to be understood will vary depending on what they are saying and the who they are saying it to	☐	☐
Refer for any "no" responses in Section 1		

Section 2

	YES	NO
Have an unusual voice quality *(e.g. nasal, hoarse and scratchy; or always sounds like they have a cold when they do not have a cold; breathy/sounds like a lot of air comes out when talking; voice sounds strained)?*	☐	☐
Have limited interest in people *(e.g. has limited smiling, laughing, making eye contact, or responses to a person's speech/facial expressions/gesture; seems more interested in objects than people's faces)*	☐	☐
No longer have social or communication skills they once did *(e.g. is no longer smiling and laughing, is no longer making noises)*	☐	☐
Often use someone's hand as a tool in order to request something *(e.g. places an adult's hand on objects to request opening containers or activating toys)*	☐	☐
Often repeat other people's phrases or sentences in a meaningless way *(e.g. may repeat your question instead of answering it, parent says "what's that?" and child responds "what's that?")*	☐	☐
Often repeat "whole phrases", "memorized sentences", or "scripts" heard originally from people, TV shows, movies, or books when these phrases do not seem relevant to the situation AND has difficulty using words appropriately in everyday situations *(e.g. to communicate their wants and needs)*	☐	☐
Have big reactions to unusual fears *(e.g. fears noises, moving objects, weather)* AND does not seek/initiate getting comfort from adults *(e.g. does not reach for parent)*	☐	☐
Move their fingers, hands, or body in an odd or repetitive way *(e.g. repeatedly flaps their hands, stiffens fingers during play or rocks body frequently throughout the day)*	☐	☐
Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way *(e.g. only lines up toys or only examines toy parts rather than play with them in the intended manner; spins, smells, opens/closes parts excessively; repeats the same steps with a toy over and over; stares along the edges of objects; dangles string or holds items closely in front of their eyes; notices fans and light switches in every room)*	☐	☐
Often complete MANY activities in a special way or certain order and become very distressed if the activity is interrupted *(e.g. insists on routines or has to complete activities in a certain way or sequence; insists you must play with a toy in a certain way and is difficult to comfort if even small changes occur)*	☐	☐
Show an intense interest in letters or numbers or specific topics/activities *(e.g. dinosaurs, trains)* AND show very little interest in other topics or activities OR becomes very distressed when he/she must stop talking about the topics/doing the activities	☐	☐
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	☐	☐
Query of sensory sensitivities *significantly* impacting 2+ hygiene routines (bathing, tooth-brushing, hairdressing, toileting/diapering, dressing, nail cutting); either no ability to tolerate these tasks or limited ability with prolonged recovery time (+10 minutes); must have multiple occurrences of difficulty every day (Excludes difficulty toilet training. Includes sensory sensitivities related to flushing of toilets, no reaction or elevated reaction to being soiled, fear of feet dangling from toilet)	☐	☐
Query of sensory sensitivities significantly impacting a child's ability to participate in daily routines/activities of daily living such as play, community outings and group settings (e.g. child care, family gatherings) due to reaction to and/or avoidance of noises, different sounds/	☐	☐

touches/sensations/temperatures, movements (e.g. tipping head back) and cannot recover/settle within a reasonable amount of time (e.g. 10 minutes) and with a reasonable amount of parent support		
Vomiting in reaction to stressful situations	☐	☐
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	☐	☐
Refer for any "yes" responses in Section 1 (if bolded, there must be another "referral" response on this form from any category)		

By 24 Months

Section 1

	YES	NO
Say at least 50 words in the right place at the right time *(in an appropriate situation with a clear purpose)*. Words may not be clearly pronounced. If the child speaks in more than one language, count the total words they use in all languages (e.g., pomme, milk, chein, juice = four words).	☐	☐
Say more words every month *(consistently adds more words to vocabulary)*	☐	☐
Say words from ALL of the following categories: • Nouns *(people, places, things)* • Verbs/action words *(e.g. run, jump, sing)* • Describing words *(e.g. big, pretty)* • Pronouns *(e.g. me, I, you)*	☐	☐
Combine two or more words together *(don't count word combinations that are typically said together e.g. "bye bye", "all gone", "What's that", "here you go" or "I love you").* If the child uses more than one language, they may use more then one language in their sentence and this is normal (e.g. "Truck is rouge").	☐	☐
Understand at least 300 words	☐	☐
Look across the room to something you point to	☐	☐
Respond with words to SOME simple "what's that?" questions	☐	☐
Follow two-step, routine directions that typically happen together *(e.g. take your shoes off and put them on the shelf)*	☐	☐
Follow SOME one-step directions he/she may not have heard before *(e.g. "Put a toy in your shoe")*	☐	☐
Enjoy interactive play with people using books OR toys	☐	☐
If something new happens, looks at your face to see how you feel about it *(e.g. if sees a stranger, hears a strange noise, or something breaks)*	☐	☐
Pretend by acting out familiar routines with toys involving at least one step *(e.g. stir a pot, feed stuffed animal, put baby doll to sleep, talk on phone etc)?*	☐	☐
Use MOST of these sounds at the beginning of words: p, m, b, t, d, n, h, w, y	☐	☐
Speak clearly enough to be understood by parents AND unfamiliar people 50%-75% of the time. The child's ability to be understood will vary depending on what they are saying and who they are saying it to	☐	☐
Refer for any "no" responses in Section 1		

Section 2

	YES	NO
Have an unusual voice quality *(e.g. nasal, hoarse and scratchy; or always sounds like they have a cold when they do not have a cold; breathy/sounds like a lot of air comes out when talking; voice sounds strained)?*	☐	☐

Stutter: repeat words or sounds *(e.g. "L L L")* or syllables *(e.g. "da da daddy")*, prolong sounds *(e.g. mmmm-mommy)* or get stuck on sounds in words *(e.g. "b---all")*	☐	☐
Have limited interest in people *(e.g. has limited smiling, laughing, making eye contact, or responses to a person's speech/facial expressions/gesture; seems more interested in objects than people's faces)*	☐	☐
No longer have social or communication skills they once did *(e.g. is no longer smiling and laughing, is no longer making noises)*	☐	☐
Often use someone's hand as a tool in order to request something *(e.g. places an adult's hand on objects to request opening containers or activating toys)*	☐	☐
Often repeat other people's phrases or sentences in a meaningless way *(e.g. may repeat your question instead of answering it, parent says "what's that?" and child responds "what's that?")*	☐	☐
Often repeat "whole phrases", "memorized sentences", or "scripts" heard originally from people, TV shows, movies, or books when these phrases do not seem relevant to the situation AND has difficulty using words appropriately in everyday situations *(e.g. to communicate their wants and needs)*	☐	☐
Have big reactions to unusual fears *(e.g. fears noises, moving objects, weather)* AND does not seek/initiate getting comfort from adults *(e.g. does not reach for parent)*	☐	☐
Move their fingers, hands, or body in an odd or repetitive way *(e.g. repeatedly flaps their hands, stiffens fingers during play or rocks body frequently throughout the day)*	☐	☐
Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way *(e.g. only lines up toys or only examines toy parts rather than play with them in the intended manner; spins, smells, opens/closes parts excessively; repeats the same steps with a toy over and over; stares along the edges of objects; dangles string or holds items closely in front of their eyes; notices fans and light switches in every room)*	☐	☐
Often complete MANY activities in a special way or certain order and become very distressed if the activity is interrupted *(e.g. insists on routines or has to complete activities in a certain way or sequence; insists you must play with a toy in a certain way and is difficult to comfort if even small changes occur)*	☐	☐
Show an intense interest in letters or numbers or specific topics/activities *(e.g. dinosaurs, trains)* AND show very little interest in other topics or activities OR becomes very distressed when he/she must stop talking about the topics/doing the activities	☐	☐
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	☐	☐
Query of sensory sensitivities *significantly* impacting 2+ hygiene routines (bathing, tooth-brushing, hairdressing, toileting/diapering, dressing, nail cutting); either no ability to tolerate these tasks or limited ability with prolonged recovery time (+10 minutes); must have multiple occurrences of difficulty every day (Excludes difficulty toilet training. Includes sensory sensitivities related to flushing of toilets, no reaction or elevated reaction to being soiled, fear of feet dangling from toilet)	☐	☐
Query of sensory sensitivities significantly impacting a child's ability to participate in daily routines/activities of daily living such as play, community outings and group settings (e.g. child care, family gatherings) due to reaction to and/or avoidance of noises, different sounds/ touches/sensations/temperatures, movements (e.g. tipping head back) and cannot recover/settle within a reasonable amount of time (e.g. 10 minutes) and with a reasonable amount of parent support	☐	☐
Vomiting in reaction to stressful situations	☐	☐
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	☐	☐
Refer for any "yes" responses in Section 2 (if bolded, there must be another "referral" response on this form from any category)		

By 30 months

Section 1

	YES	NO
Say at least 250 words. If the child speaks in more than one language, count the total words they use in all languages (e.g., pomme, milk, chein, juice = four words).	☐	☐
Say more words every month *(consistently adds more words to vocabulary)*	☐	☐
Consistently say phrases/sentences with 2-4 words *(don't count word combinations that are typically said together e.g. "bye bye", "all gone", "What's that", "here you go" or "I love you").* If your child uses more than one language, they may use more then one language in their sentence and this is normal (e.g. "Truck is rouge").	☐	☐
Say a variety of words from ALL of the following categories: • Nouns *(people, places, things)* • Verbs/action words *(e.g. run, jump, sing)* • Describing words *(e.g. big, pretty)* • Pronouns *(e.g. me, mine, my, you)* • Position words *(e.g. behind, under)* • Quantity words *(e.g. a little, a lot)*	☐	☐
Understand at least 500 words	☐	☐
Respond with words to simple "where is", "what's that", and "who is that" questions	☐	☐
Follow two-step, routine directions that typically happen together *(e.g. "Get a cup and bring it to the table")*	☐	☐
Follow SOME directions he/she may not have heard before *(e.g. "Put a toy in your shoe")*	☐	☐
Enjoy interactive play with people using books OR toys	☐	☐
Pretend by acting out everyday, familiar activities with toys involving TWO or more steps *(e.g. feeds doll then puts it to sleep)*	☐	☐
Consistently say the first sound of words *(e.g. puppy not uppy).*	☐	☐
Say words with TWO syllables or beats *(e.g. "a-pple", "ba-by")*	☐	☐
Speak clearly enough to be understood by parents AND unfamiliar people 50%-75% of the time The child's ability to be understood will vary depending on what they are saying and who they are saying it to	☐	☐
Refer for any "no" responses in Section 1		

Section 2

	YES	NO
Have an unusual voice quality *(e.g. nasal, hoarse and scratchy; or always sounds like they have a cold when they do not have a cold; breathy/sounds like a lot of air comes out when talking; voice sounds strained)?*	☐	☐
Have limited interest in people *(e.g. has limited smiling, laughing, making eye contact, or responses to a person's speech/facial expressions/gesture; seems more interested in objects than people's faces)*	☐	☐
No longer have social or communication skills they once did *(e.g. is no longer smiling and laughing, is no longer making noises)*	☐	☐
Often use someone's hand as a tool in order to request something *(e.g. places an adult's hand on objects to request opening containers or activating toys)*	☐	☐
Often repeat other people's phrases or sentences in a meaningless way *(e.g. may repeat your question instead of answering it, parent says "what's that?" and child responds "what's that?")*	☐	☐
Often repeat "whole phrases", "memorized sentences", or "scripts" heard originally from people, TV shows, movies, or books when these phrases do not seem relevant to the situation AND has difficulty using words appropriately in everyday situations *(e.g. to communicate their wants and needs)*	☐	☐

Have big reactions to unusual fears *(e.g. fears noises, moving objects, weather)* AND does not seek/initiate getting comfort from adults *(e.g. does not reach for parent)*	☐	☐
Move their fingers, hands, or body in an odd or repetitive way *(e.g. repeatedly flaps their hands, stiffens fingers during play or rocks body <u>frequently</u> throughout the day)*	☐	☐
Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way *(e.g. <u>only</u> lines up toys or <u>only</u> examines toy parts rather than play with them in the intended manner; spins, smells, opens/closes parts excessively; repeats the same steps with a toy over and over; stares along the edges of objects; dangles string or holds items closely in front of their eyes; notices fans and light switches in every room)*	☐	☐
<u>Often</u> complete MANY activities in a special way or certain order and become very distressed if the activity is interrupted *(e.g. insists on routines or has to complete activities in a certain way or sequence; insists you must play with a toy in a certain way and is difficult to comfort if even small changes occur)*	☐	☐
Show an intense interest in letters or numbers or specific topics/activities *(e.g. dinosaurs, trains)* AND show very little interest in other topics or activities OR becomes very distressed when he/she must stop talking about the topics/doing the activities	☐	☐
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	☐	☐
Query of sensory sensitivities *significantly* impacting 2+ hygiene routines (bathing, tooth-brushing, hairdressing, toileting/diapering, dressing, nail cutting); either no ability to tolerate these tasks or limited ability with prolonged recovery time (+10 minutes); must have multiple occurrences of difficulty every day (Excludes difficulty toilet training. Includes sensory sensitivities related to flushing of toilets, no reaction or elevated reaction to being soiled, fear of feet dangling from toilet)	☐	☐
Query of sensory sensitivities significantly impacting a child's ability to participate in daily routines/activities of daily living such as play, community outings and group settings (e.g. child care, family gatherings) due to reaction to and/or avoidance of noises, different sounds/ touches/sensations/temperatures, movements (e.g. tipping head back) and cannot recover/settle within a reasonable amount of time (e.g. 10 minutes) and with a reasonable amount of parent support	☐	☐
Vomiting in reaction to stressful situations	☐	☐
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	☐	☐
Refer for any "yes" responses in Section 2 (if bolded, there must be another "referral" response on this form from any category)		

By 42 months

Section 1

	YES	NO
Say more words that you can count *(well over 1000)*	☐	☐
Say MANY more words every month	☐	☐
<u>Consistently</u> say a variety of phrases/sentences with 4 or more words *(don't count phrases said the same way every time like "See you later" and "I want more daddy").* • Grammar mistakes are normal at this age • If the child uses more than one language, they may use more then one language in their sentence and this is normal (e.g. "Le chein jumped on the hill").	☐	☐
Say a variety of words from ALL of the following categories • Nouns *(people, places, things)* • Verbs/action words *(e.g. run, jump, sing)* • Describing words *(e.g. big, pretty)* • Pronouns *(e.g. me, mine, my, you)*	☐	☐

• Position words *(e.g. behind, under)* • Quantity words *(e.g. a little, a lot)*		
Take 2 or 3 turns in a conversation, but may find it hard to stay on topic	☐	☐
Say sentences contain at least 4 out of the following 5: • Personal pronouns *(e.g. I, my, you, me, mine)* • "ing" Endings on verbs/action words *(e.g. eating, running, jumping)* • Location words *(e.g. in, on, under)* • Plurals *(e.g. cats, toys, horses)* • Negatives *(don't, can't, won't)*	☐	☐
Say phrases/sentences for a variety of reasons including MOST of the following: • Comment on what he/she sees • Re-tell past events • Give directions • Ask for more details *(e.g. if not satisfied with a short answer, will ask "how?" and "why?" to get more information)* • Negotiate • Solve problems *(e.g. talk about problems that happen in play)* • Repeat or explain if someone has not understood them *(e.g. try to say something again or repeat louder or use different words or gestures to try to be understood)*	☐	☐
Understand more words than you can count *(well over 2000)*	☐	☐
Respond with words to MANY "who", "what is he doing", "where" questions	☐	☐
Follow two-step directions that **don't** always happen together *(e.g. "Bring me your plate and go clean up your toys")*	☐	☐
Follow MANY one-step directions he/she may not have heard before (*e.g. "Put a toy in your shoe")*	☐	☐
Enjoy interactive play with people using books OR toys	☐	☐
Pretend by acting out everyday, familiar activities with toys involving TWO or more steps *(e.g. feeds doll then puts it to sleep)*	☐	☐
Say consonant sounds at the beginning, middle AND end of words. • May not be able to pronounce the L, R, V, SH, CH, J and TH sounds properly at this age – this is normal	☐	☐
Speak clearly enough to be understood by parents and unfamiliar people at least 75% of the time • The child's ability to be understood will vary depending on what they are saying and who they are saying it to	☐	☐
Refer for any "no" responses in Section 1		

Section 2

	YES	**NO**
Have an unusual voice quality *(e.g. nasal, hoarse and scratchy; or always sounds like they have a cold when they do not have a cold; breathy/sounds like a lot of air comes out when talking; voice sounds strained)?*	☐	☐
Stutter: repeat words or sounds *(e.g. "L L L")* or syllables *(e.g. "da da daddy")*, prolong sounds *(e.g. mmmm-mommy)* or get stuck on sounds in words *(e.g. "b---all")*	☐	☐
Have limited interest in people *(e.g. has limited smiling, laughing, making eye contact, or responses to a person's speech/facial expressions/gesture; seems more interested in objects than people's faces)*	☐	☐
No longer have social or communication skills they once did *(e.g. is no longer smiling and laughing, is no longer making noises)*	☐	☐

Often use someone's hand as a tool in order to request something *(e.g. places an adult's hand on objects to request opening containers or activating toys)*	☐	☐
Often repeat other people's phrases or sentences in a meaningless way *(e.g. may repeat your question instead of answering it, parent says "what's that?" and child responds "what's that?")*	☐	☐
Often repeat "whole phrases", "memorized sentences", or "scripts" heard originally from people, TV shows, movies, or books when these phrases do not seem relevant to the situation AND has difficulty using words appropriately in everyday situations *(e.g. to communicate their wants and needs)*	☐	☐
Have big reactions to unusual fears *(e.g. fears noises, moving objects, weather)* AND does not seek/initiate getting comfort from adults *(e.g. does not reach for parent)*	☐	☐
Move their fingers, hands, or body in an odd or repetitive way *(e.g. repeatedly flaps their hands, stiffens fingers during play or rocks body frequently throughout the day)*	☐	☐
Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way *(e.g. only lines up toys or only examines toy parts rather than play with them in the intended manner; spins, smells, opens/closes parts excessively; repeats the same steps with a toy over and over; stares along the edges of objects; dangles string or holds items closely in front of their eyes; notices fans and light switches in every room)*	☐	☐
Often complete MANY activities in a special way or certain order and become very distressed if the activity is interrupted *(e.g. insists on routines or has to complete activities in a certain way or sequence; insists you must play with a toy in a certain way and is difficult to comfort if even small changes occur)*	☐	☐
Show an intense interest in letters or numbers or specific topics/activities *(e.g. dinosaurs, trains)* AND show very little interest in other topics or activities OR becomes very distressed when he/she must stop talking about the topics/doing the activities	☐	☐
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	☐	☐
Query of sensory sensitivities *significantly* impacting 2+ hygiene routines (bathing, tooth-brushing, hairdressing, toileting/diapering, dressing, nail cutting); either no ability to tolerate these tasks or limited ability with prolonged recovery time (+10 minutes); must have multiple occurrences of difficulty every day (Excludes difficulty toilet training. Includes sensory sensitivities related to flushing of toilets, no reaction or elevated reaction to being soiled, fear of feet dangling from toilet)	☐	☐
Query of sensory sensitivities significantly impacting a child's ability to participate in daily routines/activities of daily living such as play, community outings and group settings (e.g. child care, family gatherings) due to reaction to and/or avoidance of noises, different sounds/ touches/sensations/temperatures, movements (e.g. tipping head back) and cannot recover/settle within a reasonable amount of time (e.g. 10 minutes) and with a reasonable amount of parent support	☐	☐
Vomiting in reaction to stressful situations	☐	☐
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	☐	☐
Refer for any "yes" responses in Section 1 (if bolded, there must be another "referral" response on this form from any category)		

By 48 MONTHS

FEEDING / EATING

Instructions: Start at the appropriate section based on the child's age. Answer each question with a Yes or No. Referrals are indicated as per instructions on chart. If the child doesn't qualify for referral based on criteria listed in their age range, score criteria from all ages YOUNGER than the child. Children qualify for a referral based on items within their age range IN ADDITION TO items indicated in younger age ranges.

0-9 months corrected

	YES	NO
Frequent coughing, gagging, sputtering on bottle feeds and/or ongoing/frequent unexplained fevers or chest infection	☐	☐
Noisy, raspy bottle feeders with concerns related to volume, leakage and length of feed	☐	☐
Difficulty coordinating swallowing and/or breathing while drinking	☐	☐
Poor suck on bottle leading to leakage from corners of mouth, possible choking and generally poor hydration	☐	☐
Bottle feeds taking greater than 40 minutes from start of feed	☐	☐
Feeding complications with cleft lip/palate	☐	☐
Feeding difficulties related to recent surgery of the neck and/or face	☐	☐
Refer for any "yes" responses in Section 1		

9-12 months corrected

	YES	NO
Frequent gagging/choking on purees and/or soft mashed table foods after multiple exposures	☐	☐
Pocketing of food, residual food left in mouth. Lets food sit in their mouths for at least 10 minutes without swallowing	☐	☐
Refer for any "yes" responses in Section 1		

12 months – 4 years chronological

	YES	NO
Section 1		
Usually eats fewer than 10 foods AND frequently chokes when eating or drinking	☐	☐
Refer for "yes" in Section 1	☐	☐
Section 2		
Unable to accept any soft solids (ex. flaky fish, soft cheeses, thick mashed potatoes) without gagging and vomiting (motor or sensory)	☐	☐
Frequent occurrences of gagging and vomiting at the sight, touch or smell of multiple foods (sensory)	☐	☐
Unable to chew and safely swallow small bites of soft textured foods (eg. Bananas)	☐	☐
Refer for any "yes" responses in Section 2		

Additional Comments

Comments:

Updated February 1, 2023