

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



Important Information:

The purpose of this Referral Checklist is to help determine whether a child **may** be eligible Speech-Language Pathology assessment at Niagara Children's Centre. All eligibility is at the discretion of the 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.

Instructions:

- Children are eligible for referral using this checklist until August 31 of the year the child turns 4.
- Referrals **must be made online in our secure portal**: <https://form.caredove.com/ncc/forms/referral>
- If you choose to complete this checklist on paper, it can be scanned and submitted with your online referral.
 - Please **ONLY provide the appropriate aged checklist (not this whole document) with the child's initials and DOB indicated at the top of each page.**
 - You will be given the option to bypass the questions online by indicating you have uploaded your checklist.

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

Section 1: A referral is recommended if there are any "no" responses (see exception for "By 3 months")

Section 2: A referral is recommended 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)

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 3 months

Child’s Initials: _____ Child’s DOB: _____

Section 1	YES	NO
Startle in response to sudden, loud noises when awake	<input type="checkbox"/>	<input type="checkbox"/>
Quiets or smiles when you talk	<input type="checkbox"/>	<input type="checkbox"/>
Make some noises such as coos, gurgles, or squeals	<input type="checkbox"/>	<input type="checkbox"/>
Refer for 2 or more “no” responses in Section 1		

By 6 months

Child’s Initials: _____ Child’s DOB: _____

Section 1	YES	NO
Use different sounds or cries for different needs (<i>e.g. for hunger, tiredness, attention, etc</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Turn toward the source of sounds	<input type="checkbox"/>	<input type="checkbox"/>
Startle in response to sudden, loud noises when awake	<input type="checkbox"/>	<input type="checkbox"/>
Watch your face as you talk	<input type="checkbox"/>	<input type="checkbox"/>
Smile and laugh in response to your smiles and laughs	<input type="checkbox"/>	<input type="checkbox"/>
Make noises such as coos, gurgles, and squeals	<input type="checkbox"/>	<input type="checkbox"/>
Try to make sounds when you make sounds (<i>does not need to copy the exact sound</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “no” responses in Section 1		
Section 2	YES	NO
Have limited interest in people (<i>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</i>)	<input type="checkbox"/>	<input type="checkbox"/>
No longer have social or communication skills they once did (<i>e.g. is no longer smiling and laughing, is no longer making noises</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2		

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 9 months

Child’s Initials: _____ Child’s DOB: _____

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	<input type="checkbox"/>	<input type="checkbox"/>
Respond to everyday sounds when awake (e.g. a telephone ringing, knock at the door, toys)	<input type="checkbox"/>	<input type="checkbox"/>
Respond to or look at you when you use an interesting or excited voice to say the child’s name	<input type="checkbox"/>	<input type="checkbox"/>
Understand being told “no” (does not need to stop what they are doing, but respond in some way to the command.)	<input type="checkbox"/>	<input type="checkbox"/>
Watch your face as you talk	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interacting with people (e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Try to make sounds when you make sounds (does not need to copy the exact sound)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
No longer have social or communication skills they once did (e.g. is no longer smiling and laughing, is no longer making noises)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2		

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 12 months (1 year)

Child's Initials: _____ Child's DOB: _____

Section 1	YES	NO
Show you what they want through gestures, including BOTH of the following: <input type="checkbox"/> Reach for or look at what they want AND then look at you to get it for them <input type="checkbox"/> Put arms out to ask to be picked up	<input type="checkbox"/>	<input type="checkbox"/>
Make sounds to get attention <u>while</u> looking at your face	<input type="checkbox"/>	<input type="checkbox"/>
Show or bring things to you to get you to look at the things	<input type="checkbox"/>	<input type="checkbox"/>
Wave when someone waves at them (<i>at least some of the time with familiar people</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Look across the room to something you point to	<input type="checkbox"/>	<input type="checkbox"/>
Respond to or look at you when you use an interesting or excited voice to say the child's name	<input type="checkbox"/>	<input type="checkbox"/>
Look toward, touch, or point to at least a FEW familiar objects that are close by when you name them (<i>e.g. where is your shoe, hat, ball, bottle?</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Follow SOME simple one-step routine directions with gestures or pointing (<i>e.g. sit down, come here, give it to me, put it back, clap your hands</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interacting with people (<i>e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Recognize, get excited by, and/or take part in MANY familiar play activities with you (<i>e.g. peekaboo, tickle games, nursery songs/rhymes etc</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Try to make sounds when you make sounds (<i>does not need to copy the exact sound</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Try to communicate with you by combining different sounds as though talking (<i>e.g. "abada baduh abee"</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any "no" responses in Section 1		
Section 2	YES	NO
Have limited interest in people (<i>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</i>)	<input type="checkbox"/>	<input type="checkbox"/>
No longer have social or communication skills they once did (<i>e.g. is no longer smiling and laughing, is no longer making noises</i>)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Often</u> use someone's hand as a tool in order to request something (<i>e.g. places an adult's hand on objects to request opening containers or activating toys</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Have big reactions to unusual fears (<i>e.g. fears noises, moving objects, weather</i>) AND does not seek/initiate getting comfort from adults (<i>e.g. does not reach for parent</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Move their fingers, hands, or body in an odd or repetitive way (<i>e.g. repeatedly flaps their hands, stiffens fingers during play or rocks body frequently throughout the day</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 12 months (1 year)

Child’s Initials: _____ Child’s DOB: _____

Section 2 continued	YES	NO
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)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2 (if bolded, there must be another “referral” response on this form from any category)		

Does the child also demonstrate any of the following?

If yes, please speak to the IQC assigned to your childcare centre regarding other possible services

	YES	NO
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	<input type="checkbox"/>	<input type="checkbox"/>
Query of sensory sensitivities <i>significantly</i> 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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting in reaction to stressful situations	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 15 months (1 year, 3 months)

Child's Initials: _____ Child's DOB: _____

Section 1	YES	NO
Make sounds to get attention while looking at your face	<input type="checkbox"/>	<input type="checkbox"/>
Show you what they want through gestures, including BOTH of the following: <ul style="list-style-type: none"> Point to something they want AND then look at you to get it for them Put arms out to ask to be picked up 	<input type="checkbox"/>	<input type="checkbox"/>
Use gestures to communicate for MANY reasons frequently throughout the day, including MANY of the following: <ul style="list-style-type: none"> Shows, points to, or brings things to others to get you to look at the things Wave Clap Blow kisses 	<input type="checkbox"/>	<input type="checkbox"/>
Look across the room to something you point to	<input type="checkbox"/>	<input type="checkbox"/>
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?)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interacting with people (e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions)	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interactive play with people using books OR toys OR songs	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Recognize, get excited by, and take part in MANY familiar play activities with you (e.g. peekaboo, tickle games, nursery songs/rhymes, chase, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Try to communicate with you by combining different sounds as though talking (e.g. "abada baduh abee")	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
No longer have social or communication skills they once did (e.g. is no longer smiling and laughing, is no longer making noises)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 15 months (1 year, 3 months)

Child’s Initials: _____ Child’s DOB: _____

Section 2 continued	YES	NO
Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way (e.g. <i>only</i> lines up toys or <i>only</i> 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)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2 (if bolded, there must be another “referral” response on this form from any category)		

Does the child also demonstrate any of the following?

If yes, please speak to the IQC assigned to your childcare centre regarding other possible services

	YES	NO
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	<input type="checkbox"/>	<input type="checkbox"/>
Query of sensory sensitivities <i>significantly</i> 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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting in reaction to stressful situations	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 18 months (1.5 years)

Child's Initials: _____ Child's DOB: _____

Section 1	YES	NO
Say at least 10 words in the right place at the right time (<i>in an appropriate situation with a clear purpose</i>). 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).	<input type="checkbox"/>	<input type="checkbox"/>
Copy SOME of your words and gestures (<i>e.g. blowing kisses, clapping, etc</i>)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Consistently</u> point to what they want when it is out of reach AND then look to you to get it for them	<input type="checkbox"/>	<input type="checkbox"/>
Come to you when they need help (<i>e.g. opening a package or turning on a toy</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Use gestures to communicate for MANY reasons frequently throughout the day, including MANY of the following: <ul style="list-style-type: none"> • Shake head “no” (or says “no”) • Clap • Blow kisses • “Shh” (finger over mouth) • Thumbs up • High five • Wave to indicate stinky • Wait (show hand or finger) • Head nod for yes • Show or bring objects to get others to look and/or points at things to get others to look 	<input type="checkbox"/>	<input type="checkbox"/>
Look across the room to something you point to	<input type="checkbox"/>	<input type="checkbox"/>
Point to or go to get MANY familiar objects that are close by when you name them (<i>e.g. when you say “show me your shoe, hat, ball, bottle”?</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Respond with words OR gestures to simple “where is” questions (<i>e.g. “Where’s teddy?”</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Follow MANY simple one-step directions without gestures or pointing (<i>e.g. sit down, come here, give it to me, put it back, clap your hands</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interacting with people (<i>e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interactive play with people using books OR toys	<input type="checkbox"/>	<input type="checkbox"/>
If something new happens, looks at your face to see how you feel about it (<i>e.g. if sees a stranger, hears a strange noise, or something breaks</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Pretend by acting out everyday, familiar activities with toys involving AT LEAST one step (<i>e.g. stir a pot, feed stuffed animal, put baby doll to sleep, talk on phone etc</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
Make at least four different consonant sounds such as (<i>e.g. p, m, b, n, d, g, w, h?</i>)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “no” responses in Section 1		

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 18 months (1.5 years)

Child’s Initials: _____ Child’s DOB: _____

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)?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
No longer have social or communication skills they once did (e.g. is no longer smiling and laughing, is no longer making noises)	<input type="checkbox"/>	<input type="checkbox"/>
<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)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Often</u> 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?”)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Often</u> 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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
<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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2 (if bolded, there must be another “referral” response on this form from any category)		

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 18 months (1.5 years)

Child’s Initials: _____ Child’s DOB: _____

Does the child also demonstrate any of the following?

If yes, please speak to the IQC assigned to your childcare centre regarding other possible services

	YES	NO
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	<input type="checkbox"/>	<input type="checkbox"/>
Query of sensory sensitivities <i>significantly</i> 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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting in reaction to stressful situations	<input type="checkbox"/>	<input type="checkbox"/>
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 24 Months (2 years)

Child's Initials: _____ Child's DOB: _____

Section 1	YES	NO
Say at least 50 words in the right place at the right time (<i>in an appropriate situation with a clear purpose</i>). 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, chien, juice = four words).	<input type="checkbox"/>	<input type="checkbox"/>
Say more words every month (<i>consistently adds more words to vocabulary</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Say words from ALL of the following categories: <ul style="list-style-type: none"> • Nouns (<i>people, places, things</i>) • Verbs/action words (<i>e.g. run, jump, sing</i>) • Describing words (<i>e.g. big, pretty</i>) • Pronouns (<i>e.g. me, I, you</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
Combine two or more words together (<i>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"</i>). If the child uses more than one language, they may use more than one language in their sentence and this is normal (e.g. "Truck is rouge").	<input type="checkbox"/>	<input type="checkbox"/>
Understand at least 300 words	<input type="checkbox"/>	<input type="checkbox"/>
Look across the room to something you point to	<input type="checkbox"/>	<input type="checkbox"/>
Respond with words to SOME simple "what's that?" questions	<input type="checkbox"/>	<input type="checkbox"/>
Follow two-step, routine directions that typically happen together (<i>e.g. take your shoes off and put them on the shelf</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Follow SOME one-step directions he/she may not have heard before (<i>e.g. "Put a toy in your shoe"</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interactive play with people using books OR toys	<input type="checkbox"/>	<input type="checkbox"/>
If something new happens, looks at your face to see how you feel about it (<i>e.g. if sees a stranger, hears a strange noise, or something breaks</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Pretend by acting out familiar routines with toys involving at least one step (<i>e.g. stir a pot, feed stuffed animal, put baby doll to sleep, talk on phone etc?</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Use MOST of these sounds at the beginning of words: p, m, b, t, d, n, h, w, y	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any "no" responses in Section 1		

Section 2	YES	NO
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Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 24 Months (2 years)

Child's Initials: _____ Child's DOB: _____

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)?	<input type="checkbox"/>	<input type="checkbox"/>
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")	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
No longer have social or communication skills they once did (e.g. is no longer smiling and laughing, is no longer making noises)	<input type="checkbox"/>	<input type="checkbox"/>
<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)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Often</u> 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?")	<input type="checkbox"/>	<input type="checkbox"/>
<u>Often</u> 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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
<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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any "yes" responses in Section 2 (if bolded, there must be another "referral" response on this form from any category)		

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 24 Months (2 years)

Child's Initials: _____ Child's DOB: _____

Does the child also demonstrate any of the following?

If yes, please speak to the IQC assigned to your childcare centre regarding other possible services

	YES	NO
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	<input type="checkbox"/>	<input type="checkbox"/>
Query of sensory sensitivities <i>significantly</i> 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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting in reaction to stressful situations	<input type="checkbox"/>	<input type="checkbox"/>
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 30 months (2.5 years)

Child's Initials: _____ Child's DOB: _____

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, chéin, juice = four words).	<input type="checkbox"/>	<input type="checkbox"/>
Say more words every month (<i>consistently adds more words to vocabulary</i>)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Consistently</u> say phrases/sentences with 2-4 words (<i>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"</i>). If your child uses more than one language, they may use more than one language in their sentence and this is normal (e.g. "Truck is rouge").	<input type="checkbox"/>	<input type="checkbox"/>
Say a variety of words from ALL of the following categories: <ul style="list-style-type: none"> • Nouns (<i>people, places, things</i>) • Verbs/action words (<i>e.g. run, jump, sing</i>) • Describing words (<i>e.g. big, pretty</i>) • Pronouns (<i>e.g. me, mine, my, you</i>) • Position words (<i>e.g. behind, under</i>) • Quantity words (<i>e.g. a little, a lot</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
Understand at least 500 words	<input type="checkbox"/>	<input type="checkbox"/>
Respond with words to simple "where is", "what's that", and "who is that" questions	<input type="checkbox"/>	<input type="checkbox"/>
Follow two-step, routine directions that typically happen together (<i>e.g. "Get a cup and bring it to the table"</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Follow SOME directions he/she may not have heard before (<i>e.g. "Put a toy in your shoe"</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interactive play with people using books OR toys	<input type="checkbox"/>	<input type="checkbox"/>
Pretend by acting out everyday, familiar activities with toys involving TWO or more steps (<i>e.g. feeds doll then puts it to sleep</i>)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Consistently</u> say the first sound of words (<i>e.g. puppy not uppy</i>).	<input type="checkbox"/>	<input type="checkbox"/>
Say words with TWO syllables or beats (<i>e.g. "a-pple", "ba-by"</i>)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any "no" responses in Section 1		

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 30 months (2.5 years)

Child's Initials: _____ Child's DOB: _____

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)?	<input type="checkbox"/>	<input type="checkbox"/>
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")	<input type="checkbox"/>	<input type="checkbox"/>
Have limited interest in familiar or unfamiliar people (i.e. does not/rarely responds to or initiates joint attention, joint engagement); Limited or lack of response to their name or attempts to engage them <i>Examples: has limited smiling, laughing, making eye contact/poor eye gaze directed to faces; seems more interested in objects than people's faces; limited sharing of interests, flat affect; no/limited response to another person's speech/facial expressions/gesture)</i>	<input type="checkbox"/>	<input type="checkbox"/>
No longer have functional social or communication skills they once did (change must be sustained over time) <i>*Note: must be distinct from age-typical reduction in babbling</i> <i>Examples: was able to say multiple specific words functionally in specific situation and no longer does so</i>	<input type="checkbox"/>	<input type="checkbox"/>
Often use someone's hand as a tool without looking at the person in order to request something <i>Example: places an adult's hand on objects to request opening containers or activating toys</i>	<input type="checkbox"/>	<input type="checkbox"/>
Often repeat "whole phrases", "memorized sentences", or "scripts" heard from people, TV shows, movies, or books when these phrases do not seem relevant to the situation <i>Examples: saying a TV character's catch phrase out of context; may repeat your question instead of answering it - parent says "what's that?" and child responds "what's that?"</i> AND has difficulty using words appropriately in everyday situations to communicate <i>Examples: may say "don't forget to hold hands!" when they cross the street, but can't request that someone hold their hand for comfort</i> OR the child's ability to label with words (e.g. nouns, shapes, numbers, letters) well exceeds their ability to communicate for functional purposes. <i>Example: child can label items you hold up but cannot use words to communicate basic needs/wants</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Regularly moves their fingers, hands, or body in an odd or repetitive way (must be frequent, repetitive and be observed to interrupt routines, rather just when excited or to soothe themselves to sleep) <i>Examples: repeatedly flaps their hands or stiffens than relaxes fingers while watching tv, eating, or walking</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way <i>Examples: predominately lines up toys or predominately 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</i>	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 30 months (2.5 years)

Child’s Initials: _____ Child’s DOB: _____

Section 2 continued	YES	NO
Often complete MANY activities in a special way or certain order and become very distressed if the activity is interrupted <i>Examples: 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</i>	<input type="checkbox"/>	<input type="checkbox"/>
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 they must stop talking about the topics/doing the activities	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2 (if bolded, there must be another “referral” response on this form from any category)		

Does the child also demonstrate any of the following?

If yes, please speak to the IQC assigned to your childcare centre regarding other possible services

	YES	NO
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	<input type="checkbox"/>	<input type="checkbox"/>
Query of sensory sensitivities <i>significantly</i> 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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting in reaction to stressful situations	<input type="checkbox"/>	<input type="checkbox"/>
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 36 months (3 years)

Child's Initials: _____ Child's DOB: _____

Section 1	YES	NO
Say more words that you can count (<i>at least 1000</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Say MANY more words every month (<i>consistently</i> adds more words to vocabulary)	<input type="checkbox"/>	<input type="checkbox"/>
Consistently say a variety of phrases/sentences with 4 or more words (<i>don't count phrases said the same way every time like "See you later" and "I want more daddy"</i>). <ul style="list-style-type: none"> Grammar mistakes <u>are normal at this age</u> If the child uses more than one language, they may use more than one language in their sentence and this is normal (e.g. "Le chein jumped on the hill"). 	<input type="checkbox"/>	<input type="checkbox"/>
Say a variety of words from ALL of the following categories <ul style="list-style-type: none"> Nouns (<i>people, places, things</i>) Verbs/action words (<i>e.g. run, jump, sing</i>) Describing words (<i>e.g. big, pretty</i>) Pronouns (<i>e.g. me, mine, my, you</i>) Position words (<i>e.g. behind, under</i>) Quantity words (<i>e.g. a little, a lot</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
Use words to tell about something that happened in the recent past (<i>e.g. trip to grandparents' house, day at child care</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Take 2 or 3 turns in a conversation, but may find it hard to stay on topic	<input type="checkbox"/>	<input type="checkbox"/>
Understand more words than you can count (<i>well over 1000 words</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Respond with words to MANY "who", "what is he/she doing", "where" questions	<input type="checkbox"/>	<input type="checkbox"/>
Follow two-step directions that don't always happen together (<i>e.g. "Bring me your plate and go clean up your toys"</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Follow SOME one-step directions he/she may not have heard before (<i>e.g. "Put a toy in your shoe"</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interactive play with people using books OR toys	<input type="checkbox"/>	<input type="checkbox"/>
Pretend by acting out everyday, familiar activities with toys involving TWO or more steps (<i>e.g. feeds doll then puts it to sleep</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Say consonant sounds at the beginning AND end of words. <ul style="list-style-type: none"> May not pronounce the F, V, K, G, S, Z, L, R, SH, CH, J, and Th properly at this age and this is normal It is normal to substitute another sound for one of these sounds, but not leave the sound out completely e.g. saying "baf" for bath is normal at this age but "ba" for bath is not) 	<input type="checkbox"/>	<input type="checkbox"/>
Say words with two (e.g. a-pple) and three syllables or beats (e.g. butt-er-fly) <ul style="list-style-type: none"> Missing a syllable in <u>SOME</u> three syllable words <u>is normal</u> 	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any "no" responses in Section 1		

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 36 months (3 years)

Child's Initials: _____ Child's DOB: _____

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)?	<input type="checkbox"/>	<input type="checkbox"/>
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")	<input type="checkbox"/>	<input type="checkbox"/>
Have limited interest in familiar or unfamiliar people (i.e. does not/rarely responds to or initiates joint attention, joint engagement); Limited or lack of response to their name or attempts to engage them <i>Examples: has limited smiling, laughing, making eye contact/poor eye gaze directed to faces; seems more interested in objects than people's faces; limited sharing of interests, flat affect; no/limited response to another person's speech/facial expressions/gesture)</i>	<input type="checkbox"/>	<input type="checkbox"/>
No longer have functional social or communication skills they once did (change must be sustained over time) *Note: must be distinct from age-typical reduction in babbling <i>Examples: was able to say multiple specific words functionally in specific situation and no longer does so</i>	<input type="checkbox"/>	<input type="checkbox"/>
<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)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Often</u> repeat "whole phrases", "memorized sentences", or "scripts" heard from people, TV shows, movies, or books when these phrases do not seem relevant to the situation <i>Examples: saying a TV character's catch phrase out of context; may repeat your question instead of answering it - parent says "what's that?" and child responds "what's that?"</i> AND has difficulty using words appropriately in everyday situations to communicate <i>Examples: may say "don't forget to hold hands!" when they cross the street, but can't request that someone hold their hand for comfort</i> OR the child's ability to label with words (e.g. nouns, shapes, numbers, letters) well exceeds their ability to communicate for functional purposes. <i>Example: child can label items you hold up but cannot use words to communicate basic needs/wants</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Regularly moves their fingers, hands, or body in an odd or repetitive way (must be frequent, repetitive and be observed to interrupt routines, rather just when excited or to soothe themselves to sleep) <i>Examples: repeatedly flaps their hands or stiffens than relaxes fingers while watching tv, eating, or walking</i>	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 36 months (3 years)

Child's Initials: _____ Child's DOB: _____

Section 2 continued	YES	NO
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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any "yes" responses in Section 2 (if bolded, there must be another "referral" response on this form from any category)		

Does the child also demonstrate any of the following?

If yes, please speak to the IQC assigned to your childcare centre regarding other possible services

	YES	NO
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	<input type="checkbox"/>	<input type="checkbox"/>
Query of sensory sensitivities <i>significantly</i> impacting 2+ hygiene routines (bathing, tooth-brushing, hairdressing, toileting/diapering, dressing, nail cutting); either no ability to tolerate these tasks or limited 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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting in reaction to stressful situations	<input type="checkbox"/>	<input type="checkbox"/>
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 42 months (3.5 years)

Child’s Initials: _____ Child’s DOB: _____

Section 1	YES	NO
Say more words that you can count (<i>well over 1000</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Say MANY more words every month	<input type="checkbox"/>	<input type="checkbox"/>
<u>Consistently</u> say a variety of phrases/sentences with 4 or more words (<i>don’t count phrases said the same way every time like “See you later” and “I want more daddy”</i>). <ul style="list-style-type: none"> Grammar mistakes are normal at this age If the child uses more than one language, they may use more than one language in their sentence and this is normal (e.g. “Le chein jumped on the hill”). 	<input type="checkbox"/>	<input type="checkbox"/>
Say a variety of words from ALL of the following categories <ul style="list-style-type: none"> Nouns (<i>people, places, things</i>) Verbs/action words (<i>e.g. run, jump, sing</i>) Describing words (<i>e.g. big, pretty</i>) Pronouns (<i>e.g. me, mine, my, you</i>) Position words (<i>e.g. behind, under</i>) Quantity words (<i>e.g. a little, a lot</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
Take 2 or 3 turns in a conversation, but may find it hard to stay on topic	<input type="checkbox"/>	<input type="checkbox"/>
Say sentences contain at least 4 out of the following 5: <ul style="list-style-type: none"> Personal pronouns (<i>e.g. I, my, you, me, mine</i>) “ing” Endings on verbs/action words (<i>e.g. eating, running, jumping</i>) Location words (<i>e.g. in, on, under</i>) Plurals (<i>e.g. cats, toys, horses</i>) Negatives (<i>don’t, can’t, won’t</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
Say phrases/sentences for a variety of reasons including MOST of the following: <ul style="list-style-type: none"> Comment on what he/she sees Re-tell past events Negotiate Give directions Solve problems (<i>e.g. talk about problems that happen in play</i>) Ask for more details (<i>e.g. if not satisfied with a short answer, will ask “how?” and “why?” to get more information</i>) Repeat or explain if someone has not understood them (<i>e.g. try to say something again or repeat louder or use different words or gestures to try to be understood</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
Understand more words than you can count (<i>well over 2000</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Respond with words to MANY “who”, “what is he doing”, “where” questions	<input type="checkbox"/>	<input type="checkbox"/>
Follow 2-step directions that don’t always happen together (<i>e.g. “Bring me your plate and go clean up your toys”</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Follow MANY one-step directions he/she may not have heard before (<i>e.g. “Put a toy in your shoe”</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy interactive play with people using books OR toys	<input type="checkbox"/>	<input type="checkbox"/>
Pretend by acting out everyday, familiar activities with toys involving TWO or more steps (<i>e.g. feeds doll then puts it to sleep</i>)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Speak clearly enough to be understood by parents and unfamiliar people <u>at least</u> 75% of the time The child’s ability to be understood will vary depending on what they are saying/who they are saying it to	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “no” responses in Section 1		

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 42 months (3.5 years)

Child’s Initials: _____ Child’s DOB: _____

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)?	<input type="checkbox"/>	<input type="checkbox"/>
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”)	<input type="checkbox"/>	<input type="checkbox"/>
Have limited interest in familiar or unfamiliar people (i.e. does not/rarely responds to or initiates joint attention, joint engagement); Limited or lack of response to their name or attempts to engage them <i>Examples: has limited smiling, laughing, making eye contact/poor eye gaze directed to faces; seems more interested in objects than people’s faces; limited sharing of interests, flat affect; no/limited response to another person’s speech/facial expressions/gesture)</i>	<input type="checkbox"/>	<input type="checkbox"/>
No longer have functional social or communication skills they once did (change must be sustained over time) *Note: must be distinct from age-typical reduction in babbling <i>Examples: was able to say multiple specific words functionally in specific situation and no longer does so</i>	<input type="checkbox"/>	<input type="checkbox"/>
<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)	<input type="checkbox"/>	<input type="checkbox"/>
Often repeat “whole phrases”, “memorized sentences”, or “scripts” heard from people, TV shows, movies, or books when these phrases do not seem relevant to the situation <i>Examples: saying a TV character’s catch phrase out of context; may repeat your question instead of answering it - parent says “what’s that?” and child responds “what’s that?”)</i> AND has difficulty using words appropriately in everyday situations to communicate <i>Examples: may say “don’t forget to hold hands!” when they cross the street, but can’t request that someone hold their hand for comfort</i> OR the child’s ability to label with words (e.g. nouns, shapes, numbers, letters) well exceeds their ability to communicate for functional purposes. <i>Example: child can label items you hold up but cannot use words to communicate basic needs/wants</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Regularly moves their fingers, hands, or body in an odd or repetitive way (must be frequent, repetitive and be observed to interrupt routines, rather just when excited or to soothe themselves to sleep) <i>Examples: repeatedly flaps their hands or stiffens than relaxes fingers while watching tv, eating, or walking</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 42 months (3.5 years)

Child's Initials: _____ Child's DOB: _____

Section 2 continued	YES	NO
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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any "yes" responses in Section 2 (if bolded, there must be another "referral" response on this form from any category)	<input type="checkbox"/>	<input type="checkbox"/>

Does the child also demonstrate any of the following?

If yes, please speak to the IQC assigned to your childcare centre regarding other possible services

	YES	NO
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	<input type="checkbox"/>	<input type="checkbox"/>
Query of sensory sensitivities <i>significantly</i> 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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting in reaction to stressful situations	<input type="checkbox"/>	<input type="checkbox"/>
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 48 months (4 years)

Child’s Initials: _____ Child’s DOB: _____

Section 1	YES	NO
<p><u>Consistently</u> say a variety of phrases/sentences with 5 or more words</p> <ul style="list-style-type: none"> If the child uses more than one language, they may use more than one language in their sentence and this is normal (e.g. “Le chein jumped on the hill”). 	<input type="checkbox"/>	<input type="checkbox"/>
<p>Use adult-type grammar that is correct MOST of the time. May have errors with verb tenses. <i>Example: I broked my toy</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Say a variety of words from ALL of the following categories</p> <ul style="list-style-type: none"> Nouns (<i>people, places, things</i>) Verbs/action words (<i>e.g. run, jump, sing</i>) Describing words (<i>e.g. big, pretty</i>) Pronouns (<i>e.g. me, mine, my, you</i>) Position words (<i>e.g. behind, under</i>) Quantity words (<i>e.g. a little, a lot</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
<p>Say phrases/sentences for a variety of reasons including MOST of the following:</p> <ul style="list-style-type: none"> Comment on what he/she sees Re-tell past events Negotiate Give directions Solve problems (<i>e.g. talk about problems that happen in play</i>) Ask for more details (<i>e.g. if not satisfied with a short answer, will ask “how?” and “why?” to get more information</i>) Repeat or explain if someone has not understood them (<i>e.g. try to say something again or repeat louder or use different words or gestures to try to be understood</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
<p>Tell stories with a clear beginning, middle AND end <i>Example: I fell at the park, then grandma brought me home and gave me a bandaid.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Follow directions involving at least 3 steps <i>Example: “First get some paper, then draw a picture, then/last give it to mom”</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Respond with words to MANY “who”, “what”, and “where” questions including the following:</p> <ul style="list-style-type: none"> “What will happen next?” (<i>e.g. in a story</i>) “What do we do next?” (<i>e.g. in a familiar routine such as bedtime</i>) “What would you do if?” (<i>situations the child has had experience with e.g. “What would you do if you spill a drink/ get cold?”</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
<p>Enjoy interactive play with people using books OR toys</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Use imaginative play that includes words, actions, and interactions with adults or children <i>Examples: Acts out familiar activities such as going to the grocery store, the doctor, to work, on a trip that includes others.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Say a variety of consonant sounds at the beginning, middle AND end of words.</p> <ul style="list-style-type: none"> May not be able to pronounce the R, V, SH, CH, J and TH sounds properly at this age – this is normal 	<input type="checkbox"/>	<input type="checkbox"/>
<p>Speak clearly enough to be understood by parents and unfamiliar people ALMOST all the time</p> <ul style="list-style-type: none"> The child’s ability to be understood will vary depending on what they are saying and who they are saying it to 	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “no” responses in Section 1		

Niagara Children's Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 48 months (4 years)

Child's Initials: _____ Child's DOB: _____

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)?	<input type="checkbox"/>	<input type="checkbox"/>
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")	<input type="checkbox"/>	<input type="checkbox"/>
Have limited interest in familiar or unfamiliar people (i.e. does not/rarely responds to or initiates joint attention, joint engagement); Limited or lack of response to their name or attempts to engage them <i>Examples: has limited smiling, laughing, making eye contact/poor eye gaze directed to faces; seems more interested in objects than people's faces; limited sharing of interests, flat affect; no/limited response to another person's speech/facial expressions/gesture)</i>	<input type="checkbox"/>	<input type="checkbox"/>
No longer have functional social or communication skills they once did (change must be sustained over time) *Note: must be distinct from age-typical reduction in babbling <i>Examples: was able to say multiple specific words functionally in specific situation and no longer does so</i>	<input type="checkbox"/>	<input type="checkbox"/>
<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)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Often</u> 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?")	<input type="checkbox"/>	<input type="checkbox"/>
Often repeat "whole phrases", "memorized sentences", or "scripts" heard from people, TV shows, movies, or books when these phrases do not seem relevant to the situation <i>Examples: saying a TV character's catch phrase out of context; may repeat your question instead of answering it - parent says "what's that?" and child responds "what's that?")</i> AND has difficulty using words appropriately in everyday situations to communicate <i>Examples: may say "don't forget to hold hands!" when they cross the street, but can't request that someone hold their hand for comfort</i> OR the child's ability to label with words (e.g. nouns, shapes, numbers, letters) well exceeds their ability to communicate for functional purposes. <i>Example: child can label items you hold up but cannot use words to communicate basic needs/wants</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Regularly moves their fingers, hands, or body in an odd or repetitive way (must be frequent, repetitive and be observed to interrupt routines, rather just when excited or to soothe themselves to sleep) <i>Examples: repeatedly flaps their hands or stiffens than relaxes fingers while watching tv, eating, or walking</i>	<input type="checkbox"/>	<input type="checkbox"/>

Niagara Children’s Centre Birth-to-School-Start SLP Referral Checklist for Early Childhood Educators



By 48 months (4 years)

Child’s Initials: _____ Child’s DOB: _____

Section 2 continued	YES	NO
Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way (e.g. <i>only</i> lines up toys or <i>only</i> 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)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2 (if bolded, there must be another “referral” response on this form from any category)		

Does the child also demonstrate any of the following?

If yes, please speak to the IQC assigned to your childcare centre regarding other possible services

	YES	NO
Self-injurious behavior with safety concerns (with exception of children with no other functional concerns who engage in self injurious behavior infrequently)	<input type="checkbox"/>	<input type="checkbox"/>
Query of sensory sensitivities <i>significantly</i> 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)	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting in reaction to stressful situations	<input type="checkbox"/>	<input type="checkbox"/>
No functional use of objects/toys for play (i.e. only mouthing/shaking versus purposeful inserting/posting/symbolic or pretend)	<input type="checkbox"/>	<input type="checkbox"/>