



Niagara Children's Centre Speech and Language Referral Checklist – By 6 Months

Before Completing, please refer to:

- Niagara Children's Centre Speech and Language Referral Checklist Consent Form
- Niagara Children's Centre Speech and Language Referral Checklist Overview & Instructions for QCCN

If results of Checklist indicate a referral is needed, please refer to:

- Niagara Children's Centre Speech and Language Referral Pathways for QCCN
- Niagara Children's Centre Speech and Language Referral Form for QCCN

Child's Name: _____
 Date of Birth: _____ Age at Checklist completion: _____
 Date Checklist completed: _____
 Checklist completed by: _____ Role/Agency: _____
 Date Checklist discussed with parent/guardian: _____
 Is the child currently waiting for or receiving Speech-Language Pathology services at Niagara Children's Centre? Y N If yes, **do not refer:**
 Referral made?: Y N If yes, date referred: _____

How to Score the Checklist

- Each age category is divided into **TWO** boxes.

Box 1:

- Questions in the "first box" represent skills that are expected "by" or "before" the age listed.
- Answer each question with a YES or NO
- Make a referral if there are any "no" responses in this box

Box 2:

- Questions in the "second box" refer to atypical communication concerns and behaviours that sometimes occur when a child is not developing communication as expected.
- Make a referral if there are any "yes" responses in this box

Box 1:

Does the child...	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		

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Make noises such as coos, gurgles, and squeals		
Try to make sounds when you make sounds (<i>does not need to copy the exact sound</i>)		

Box 2:

Does the child...	YES	NO
1. Have limited interest in people (<i>e.g. has limited smiling, laughing, making eye contact, or responses to a person’s speech/facial expressions/gestures; seems more interested in objects than people’s faces</i>)		
2. No longer have social or communication skills they once did (<i>e.g. is no longer smiling and laughing towards others, is no longer making noises</i>)		

Please briefly list any other concerns with the child’s development:

***Important:** Information in this section will not be used by Niagara Children’s Centre Intake to refer to other Centre services. Referrals for occupational therapy and/or physiotherapy must be made by a Resource Consultant or Physician using established eligibility criteria and processes.