



**Niagara Children's Centre Speech and Language Referral Checklist – By 9 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
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)		

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Respond to or look at you when you use an interesting or excited voice to say the child’s name		
Understand being told “no” ( <i>does not need to stop what they are doing, but respond in some way to the command.</i> )		
Watch your face as you talk		
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> )		
Recognize, get excited by, and/or take part in AT LEAST ONE familiar play activity with you ( <i>e.g. peekaboo, tickle games, nursery songs/rhymes etc</i> )		
Try to make sounds when you make sounds ( <i>does not need to copy the exact sound</i> )		
Babble by saying the same sound over and over ( <i>e.g. bababa, duhduhduh, or any consonant sound followed by vowel sound</i> ) <u>often</u> during the day		

**Box 2:**

<b>Does the child...</b>	<b>YES</b>	<b>NO</b>
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, is no longer making noises</i> )		

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

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**\*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.