



Niagara Children's Centre Speech and Language Referral Checklist – By 15 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? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, do not refer:
Referral made?: <input type="checkbox"/> Y <input type="checkbox"/> 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 (unless indicated by a *, as questions with a * must have at least 1 other response in Box 1 or 2 that warrants a referral)

Box 1:

Does the child...	YES	NO
Make sounds to get attention while looking at your face		
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 		
Use gestures to communicate for MANY reasons frequently throughout the day, including MANY of the following:		

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<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 		
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")		

Box 2:

Does the child...	YES	NO
1. 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)		
2. No longer have social or communication skills they once did (e.g. is no longer smiling and laughing, is no longer making noises)		
3. <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)		
4. *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)		
5. *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)		
6. 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)		
*4 & 5: must have at least 1 other positive/yes response in any box to warrant a referral		

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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.