



Niagara Children's Centre Speech and Language Referral Checklist – By 18 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 (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
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).		
Copy SOME of your words and gestures (<i>e.g. blowing kisses, clapping, etc</i>)		

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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: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • The child’s ability to be understood will vary depending on what they are saying and the who they are saying it to 		

Box 2:

Does the child...	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)?		
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. 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)		

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4. <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?”)		
5. <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)		
6. *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)		
7. *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)		
8. 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)		
9. * <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)		
10. 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		
*6, 7 & 9: must have at least 1 other response in Box 1 or 2 that warrants a referral)		

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.