



Niagara Children's Centre Speech and Language Referral Checklist – By 3 Years

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
Say more words than you can count (<i>at least 1000</i>)		
Say more words every month (<i>consistently adds more words to vocabulary</i>)		
Consistently say a variety of phrases/sentences with 3 or more words (<i>don't count phrases that are typically said together such as "here you go" or "I love you", "see you later"</i>)		
<ul style="list-style-type: none"> • Grammar mistakes are normal at this age 		

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<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”). 		
<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>) 		
Use words to tell about something that happened in the recent past (<i>e.g. trip to grandparents’ house, day at child care</i>)		
Take 2 or 3 turns in a conversation, but may find it hard to stay on topic		
Understand more words than you can count (<i>well over 1000 words</i>)		
Respond with words to MANY “who”, “what is he/she doing”, and “where” questions		
Follow two-step directions that don’t always happen together (<i>e.g. “Bring me your plate and go clean up your toys”</i>)		
Follow SOME one-step directions they may not have heard before (<i>e.g. “Put a toy in your shoe”</i>)		
Enjoy interactive play with people using books OR toys		
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>)		
<p>Say consonant sounds at the beginning AND end of words</p> <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) 		
<p>Say words with two (<i>e.g. a-pple</i>) and three syllables or beats (<i>e.g. butt-er-fly</i>)</p> <ul style="list-style-type: none"> Missing a syllable in SOME three syllable words is normal 		
Speak clearly enough to be understood by parents at least 75% of the time		
<p>Speak clearly enough to be understood by unfamiliar people 50-75% of 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 		

Box 2:

Does the child...	YES	NO
❖ Have an unusual voice quality (<i>e.g. nasal, hoarse and scratchy; or always sounds like they have a cold; breathy/sounds like a lot of air comes out when talking; voice sounds strained</i>)?		
❖ Stutter: repeat words or sounds (<i>e.g. “L L L”</i>) or syllables (<i>e.g. “da da daddy”</i>), prolong sounds (<i>e.g. mmmm-mommy</i>) or get stuck on sounds in words (<i>e.g. “b---all”</i>)		
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/gesture; seems more interested in objects than people’s faces</i>)		

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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>)		
3. <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>)		
4. <u>Often</u> repeat other people’s phrases or sentences in a meaningless way (<i>e.g. may repeat your question instead of answering it, parent says “what’s that?” and child responds “what’s that?”</i>)		
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 (<i>e.g. to communicate their wants and needs</i>)		
6. *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>)		
7. *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>)		
8. Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way (<i>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</i>)		
9. * <u>Often</u> complete MANY activities in a special way or certain order and become very distressed if the activity is interrupted (<i>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</i>)		
10. Show an intense interest in letters or numbers or specific topics/activities (<i>e.g. dinosaurs, trains</i>) 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.