



**Niagara Children's Centre Speech and Language Referral Checklist- By 3.5 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, <b>do not refer:</b>
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 that you can count ( <i>well over 1000</i> )		
Say <b>MANY</b> more words every month		
<u>Consistently</u> say a variety of phrases/sentences with 4 or more words ( <i>don't count phrases said the same way every time like "See you later" and "I want more daddy"</i> ). <ul style="list-style-type: none"> <li>• Grammar mistakes are normal at this age</li> </ul>		

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<ul style="list-style-type: none"> <li>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”).</li> </ul>		
<p>Say a variety of words from ALL of the following categories</p> <ul style="list-style-type: none"> <li>Nouns (<i>people, places, things</i>)</li> <li>Verbs/action words (<i>e.g. run, jump, sing</i>)</li> <li>Describing words (<i>e.g. big, pretty</i>)</li> <li>Pronouns (<i>e.g. me, mine, my, you</i>)</li> <li>Position words (<i>e.g. behind, under</i>)</li> <li>Quantity words (<i>e.g. a little, a lot</i>)</li> </ul>		
<p>Take 2 or 3 turns in a conversation, but may find it hard to stay on topic</p>		
<p>Say sentences contain at least 4 out of the following 5:</p> <ul style="list-style-type: none"> <li>Personal pronouns (<i>e.g. I, my, you, me, mine</i>)</li> <li>“ing” Endings on verbs/action words (<i>e.g. eating, running, jumping</i>)</li> <li>Location words (<i>e.g. in, on, under</i>)</li> <li>Plurals (<i>e.g. cats, toys, horses</i>)</li> <li>Negatives (<i>don’t, can’t, won’t</i>)</li> </ul>		
<p>Say phrases/sentences for a variety of reasons including MOST of the following:</p> <ul style="list-style-type: none"> <li>Comment on what he/she sees</li> <li>Re-tell past events</li> <li>Give directions</li> <li>Ask for more details (<i>e.g. if not satisfied with a short answer, will ask “how?” and “why?” to get more information</i>)</li> <li>Negotiate</li> <li>Solve problems (<i>e.g. talk about problems that happen in play</i>)</li> <li>Repeat or explain if someone has not understood them (<i>e.g. try to say something again or repeat louder or use different words or gestures to try to be understood</i>)</li> </ul>		
<p>Understand more words than you can count (<i>well over 2000</i>)</p>		
<p>Respond with words to MANY “who”, “what is he doing”, “where” questions</p>		
<p>Follow two-step directions that <b>don’t</b> always happen together (<i>e.g. “Bring me your plate and go clean up your toys”</i>)</p>		
<p>Follow MANY one-step directions he/she may not have heard before (<i>e.g. “Put a toy in your shoe”</i>)</p>		
<p>Enjoy interactive play with people using books OR toys</p>		
<p>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>		
<p>Say consonant sounds at the beginning, middle AND end of words.</p> <ul style="list-style-type: none"> <li>May not be able to pronounce the L, R, V, SH, CH, J and TH sounds properly at this age – this is normal</li> </ul>		
<p>Speak clearly enough to be understood by parents and unfamiliar people <u>at least 75%</u> of the time</p> <ul style="list-style-type: none"> <li>The child’s ability to be understood will vary depending on what they are saying and who they are saying it to</li> </ul>		

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**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; breathy/sounds like a lot of air comes out when talking; voice sounds strained)?		
❖ Stutter: repeat words or sounds (e.g. “L L L”) or syllables (e.g. “da da daddy”), prolong sounds (e.g. mmmm-mommy) or get stuck on sounds in words (e.g. “b---all”)		
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. <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 frequently 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		
<ul style="list-style-type: none"> <li>• *6, 7 &amp; 9: must have at least 1 other response in Box 1 or 2 that warrants a referral</li> </ul>		

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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.