



Niagara Children's Centre Speech and Language Referral Checklist – By 4 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: _____
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<p>How to Score the Checklist</p> <ul style="list-style-type: none"> • Each age category is divided into TWO boxes. <p>Box 1:</p> <ul style="list-style-type: none"> • 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 <p>Box 2:</p> <ul style="list-style-type: none"> • 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
Consistently say a variety of phrases/sentences with 5 or more words		
Use adult-type grammar that is correct MOST of the time. May have errors with verb tenses (e.g. "I broked my toy")		
Say a variety of words from ALL of the following categories: <ul style="list-style-type: none"> • Nouns (people, places, things) • Verbs/action words (e.g. run, jump, sing) • Describing words (e.g. big, pretty) • Pronouns (e.g. me, mine, my, you) 		

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<ul style="list-style-type: none"> • Position words (e.g. behind, under) • Quantity words (e.g. a little, a lot) 		
Tell stories with a clear beginning, middle AND end (e.g. “I fell at the park, then grandma brought me home and gave me a bandaid”)		
<p>Use phrases/sentences for a variety of reasons including MOST of the following:</p> <ul style="list-style-type: none"> • Comment on what he/she sees • Re-tell past events • Give directions • Ask for more details (e.g. if not satisfied with a short answer, will ask “how?” and “why?” to get more information) • Negotiate • Solve problems (e.g. talk about problems that happen in play) • Repeat or explain if someone has not understood them (e.g. try to say something again or repeat louder or use different words or gestures to try to be understood) 		
<p>Follow directions involving at least 3 steps (e.g. “First get some paper, then draw a picture, last give it to mom”)</p> <ul style="list-style-type: none"> • The objects included in the directions do not need to be in sight 		
<p>Respond with words to MANY “who”, “what”, and “where” questions including the following:</p> <ul style="list-style-type: none"> • “What will happen next?” (e.g. in a story) • “What do we do next?” (e.g. in a familiar routine such as bedtime) • “What would you do if?” (situations the child has had experience with e.g. “What would you do if you spill a drink/ get cold?”) 		
Enjoy interactive play with people using books OR toys		
Use imaginative play that includes words, actions, and interactions with adults or children (e.g. acts out familiar activities such as going to the grocery store, the doctor, to work, on a trip that includes others)		
<p>Say a variety of consonant sounds at the beginning, middle and end of words.</p> <ul style="list-style-type: none"> • May not be able to pronounce the R, V, CH, J and TH sounds properly at this age – this is normal 		
<p>Speak clearly enough to be understood by parents and unfamiliar people ALMOST all 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 (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)		

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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.