



NIAGARA CHILDREN'S CENTRE SPEECH AND LANGUAGE
REFERRAL FORM FOR QUALITY CHILD CARE NIAGARA

DATE FORM COMPLETED: _____

A. Child's Information (please print)

Surname: _____

First Name: _____

Date of Birth (DD/MM/YYYY): _____

B. Parent/Legal Guardian Contact Information

Parent/Legal Guardian (please print name): _____

Relationship (mother, father, legal guardian etc.): _____

Primary Phone #: _____

Email: _____

C. Referral Source:

Where Child was seen:

Agency/Organization Name: _____

Agency/Organization Type:

- EarlyOn Centre
- Child Care Centre
- Licensed Home Child Care:
 - Niagara Region
 - Wee Watch

Who Completed Referral:

Name: _____

Role: _____

Agency/Organization Name: *(if different then where child was seen):* _____

D. Other Information:

Speech and Language Referral Checklist was completed:

- As per QCCN schedule (6-8 weeks after starting Child Care or annual anniversary of last Checklist completion)
- Upon Parent/Guardian concern/ request, outside of QCCN schedule
- Upon Educator concern, outside of QCCN schedule

Please ensure:

- The child resides in Niagara (regardless of where the child attends Child Care)
- Speech and Language Referral Checklist is attached
- The child is not currently involved with or waiting for speech and language pathology at the Niagara Children's Centre

First/Primary Language is not the language of the Child Care:

- Interpreter needed Y N If yes, what language is needed _____
- Will interpreter be needed to complete intake process over the phone Y N
- Could referral source confirm the Parent/Guardian has concerns in child's primary language? Y N

E. Release of Information / Consent:

- I confirm I am a parent with custody or a legal guardian of this child
- I consent to the referral for Speech and Language Assessment at the Niagara Children's Centre
- I consent to the sharing of information regarding my child between Niagara Children's Centre and all agencies/organizations listed under "Referral Source"

Parent / Legal Guardian Name (Please PRINT full name): _____

Parent / Legal Guardian Signature: _____ Date of Signature (DD/MM/YYYY): _____