

Before Completing, please refer to:

- Niagara Children's Centre Birth to School Start Speech-Language Pathology Referral Checklist - Consent Form
- Guidelines for QCCN Referrals using the Niagara Children's Centre Birth to "School Start" Speech-Language Pathology Referral Checklist

If results of the Checklist indicate a referral is needed, please refer to:

- Guidelines for QCCN Referrals using the Niagara Children's Centre Birth to "School Start" Speech-Language Pathology Referral Checklist
- Niagara Children's Centre Birth to "School Start" Speech-Language Pathology Referral Form for QCCN

Child's Information

Child's First and Last Name: _____

Date of Birth (DD/MM/YYYY): ___/___/____

Checklist Completion Information

Date Checklist was completed (DD/MM/YYYY): ___/___/____ Child's Age at Checklist Completion: _____

Checklist Completed by: _____ Role/Agency: _____

Date Checklist was discussed with parent(s)/guardian(s) (DD/MM/YYYY): ___/___/____

Referral Information

- Is the child currently waiting for or receiving Speech-Language Pathology services at Niagara Children's Centre? Yes* No *If yes, **do not** refer
 - Was a referral to Niagara Children's Centre made? Yes No
- If yes, date referred (DD/MM/YYYY): ___/___/____

How to Score the Checklist

Each age category is divided into **TWO** sections.

Section 1 represents 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 section

Section 2 questions refer to atypical communication concerns and behaviours that sometimes occur when a child is not developing communication as expected.

- Most "yes" responses in this section indicate a referral is recommended. Pay particular attention to questions that are **bolded** in Section 2. There **must** be at least 1 other "referral" response in either section 1 or 2 combined with the "yes" to the **bolded** question(s) in order to qualify for a referral.

Niagara Children’s Centre Birth to School Start Speech-Language Pathology Referral Checklist – By 12 Months



Section 1		YES	NO
1	Show you what they want through gestures, including BOTH of the following: <ul style="list-style-type: none"> Reach for or look at what they want AND then look at you to get it for them Put arms out to ask to be picked up 	<input type="checkbox"/>	<input type="checkbox"/>
2	Make sounds to get attention <u>while</u> looking at your face	<input type="checkbox"/>	<input type="checkbox"/>
3	Show or bring things to you to get you to look at the things	<input type="checkbox"/>	<input type="checkbox"/>
4	Wave when someone waves at them (<i>at least some of the time with familiar people</i>)	<input type="checkbox"/>	<input type="checkbox"/>
5	Look across the room to something you point to	<input type="checkbox"/>	<input type="checkbox"/>
6	Respond to or look at you when you use an interesting or excited voice to say the child’s name	<input type="checkbox"/>	<input type="checkbox"/>
7	Look toward, touch, or point to at least a FEW familiar objects that are close by when you name them (<i>e.g. where is your shoe, hat, ball, bottle?</i>)	<input type="checkbox"/>	<input type="checkbox"/>
8	Follow SOME simple one-step routine directions with gestures or pointing (<i>e.g. sit down, come here, give it to me, put it back, clap your hands</i>)	<input type="checkbox"/>	<input type="checkbox"/>
9	Enjoy interacting with people (<i>e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions</i>)	<input type="checkbox"/>	<input type="checkbox"/>
10	Recognize, get excited by, and/or take part in MANY familiar play activities with you (<i>e.g. peekaboo, tickle games, nursery songs/rhymes etc</i>)	<input type="checkbox"/>	<input type="checkbox"/>
11	Try to make sounds when you make sounds (<i>does not need to copy the exact sound</i>)	<input type="checkbox"/>	<input type="checkbox"/>
12	Try to communicate with you by combining different sounds as though talking (<i>e.g. “abada baduh abee”</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “no” responses in Section 1			
Section 2		YES	NO
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>)	<input type="checkbox"/>	<input type="checkbox"/>
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>)	<input type="checkbox"/>	<input type="checkbox"/>
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>)	<input type="checkbox"/>	<input type="checkbox"/>
4	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>)	<input type="checkbox"/>	<input type="checkbox"/>
5	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>)	<input type="checkbox"/>	<input type="checkbox"/>
6	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>)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2 (if bolded , there <u>must</u> be another “referral” response on this form from any section)			