

# Niagara Children's Centre Birth to School Start Speech-Language Pathology Referral Checklist – By 15 Months



## 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

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### Child's Information

Child's First and Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_\_

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### 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): \_\_\_/\_\_\_/\_\_\_\_

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### 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): \_\_\_/\_\_\_/\_\_\_\_

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### 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 15 Months



Section 1		YES	NO
1	Make sounds to get attention while looking at your face	<input type="checkbox"/>	<input type="checkbox"/>
2	Show you what they want through gestures, including BOTH of the following: <ul style="list-style-type: none"> <li>• Point to something they want AND then look at you to get it for them</li> <li>• Put arms out to ask to be picked up</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use gestures to communicate for MANY reasons frequently throughout the day, including MANY of the following: <ul style="list-style-type: none"> <li>• Shows, points to, or brings things to others to get you to look at the things</li> <li>• Wave</li> <li>• Clap</li> <li>• Blow kisses</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
4	Look across the room to something you point to	<input type="checkbox"/>	<input type="checkbox"/>
5	Look toward, touch, or point to MANY familiar objects that are close by when you name them (e.g. where is your shoe, hat, ball, bottle?)	<input type="checkbox"/>	<input type="checkbox"/>
6	Follow MANY simple one-step routine directions without gestures or pointing (e.g. sit down, come here, give it to me, put it back, clap your hands)	<input type="checkbox"/>	<input type="checkbox"/>
7	Enjoy interacting with people (e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions)	<input type="checkbox"/>	<input type="checkbox"/>
8	Enjoy interactive play with people using books OR toys OR songs	<input type="checkbox"/>	<input type="checkbox"/>
9	If something new happens, looks at your face to see how you feel about it (e.g. if sees a stranger, hears a strange noise, or something breaks)	<input type="checkbox"/>	<input type="checkbox"/>
10	Recognize, get excited by, and take part in MANY familiar play activities with you (e.g. peekaboo, tickle games, nursery songs/rhymes, chase, etc)	<input type="checkbox"/>	<input type="checkbox"/>
11	Try to communicate with you by combining different sounds as though talking (e.g. “abada baduh abee”)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “no” responses in Section 1			
Section 2		YES	NO
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)	<input type="checkbox"/>	<input type="checkbox"/>
2	No longer have social or communication skills they once did (e.g. is no longer smiling and laughing, is no longer making noises)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
4	<b>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)</b>	<input type="checkbox"/>	<input type="checkbox"/>
5	<b>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)</b>	<input type="checkbox"/>	<input type="checkbox"/>
6	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)	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2 (if <b>bolded</b> , there <u>must</u> be another “referral” response on this form from any section)			