

# Niagara Children's Centre Birth to School Start Speech-Language Pathology Referral Checklist – By 18 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 18 Months



Section 1		YES	NO
1	Say at least 10 words in the right place at the right time ( <i>in an appropriate situation with a clear purpose</i> ). Words may not be clearly pronounced. If the child speaks in more than one language, count the total words they use in all languages (e.g., pomme, milk, chien, juice = four words).	<input type="checkbox"/>	<input type="checkbox"/>
2	Copy SOME of your words and gestures ( <i>e.g. blowing kisses, clapping, etc</i> )	<input type="checkbox"/>	<input type="checkbox"/>
3	<u>Consistently</u> point to what they want when it is out of reach AND then look to you to get it for them	<input type="checkbox"/>	<input type="checkbox"/>
4	Come to you when they need help ( <i>e.g. opening a package or turning on a toy</i> )	<input type="checkbox"/>	<input type="checkbox"/>
5	Use gestures to communicate for MANY reasons frequently throughout the day, including MANY of the following: <ul style="list-style-type: none"> <li>• Shake head “no” (or says “no”)</li> <li>• Show or bring objects to get others to look and/or points at things to get others to look</li> <li>• Clap</li> <li>• Blow kisses</li> <li>• “Shh” (finger over mouth)</li> <li>• Wave to indicate stinky</li> <li>• Wait (show hand or finger)</li> <li>• Head nod for yes</li> <li>• Thumbs up</li> <li>• High five</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
6	Look across the room to something you point to	<input type="checkbox"/>	<input type="checkbox"/>
7	Point to or go to get MANY familiar objects that are close by when you name them ( <i>e.g. when you say “show me your shoe, hat, ball, bottle?”</i> )	<input type="checkbox"/>	<input type="checkbox"/>
8	Respond with words OR gestures to simple “where is” questions ( <i>e.g. “Where’s teddy?”</i> )	<input type="checkbox"/>	<input type="checkbox"/>
9	Follow MANY simple one-step directions without 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"/>
10	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"/>
11	Enjoy interactive play with people using books OR toys	<input type="checkbox"/>	<input type="checkbox"/>
12	If something new happens, looks at your face to see how you feel about it ( <i>e.g. if sees a stranger, hears a strange noise, or something breaks</i> )	<input type="checkbox"/>	<input type="checkbox"/>
13	Pretend by acting out everyday, familiar activities with toys involving AT LEAST one step ( <i>e.g. stir a pot, feed stuffed animal, put baby doll to sleep, talk on phone etc?</i> )	<input type="checkbox"/>	<input type="checkbox"/>
14	Make at least four different consonant sounds such as ( <i>e.g. p, m, b, n, d, g, w, h?</i> )	<input type="checkbox"/>	<input type="checkbox"/>
15	Speak clearly enough to be understood AT LEAST 25% of the time The child’s ability to be understood will vary depending on what they are saying and the who they are saying it to	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “no” responses in Section 1			

Section 2			
		YES	NO
1	Have an unusual voice quality (e.g. nasal, hoarse and scratchy; or always sounds like they have a cold when they do not have a cold; breathy/sounds like a lot of air comes out when talking; voice sounds strained)?	<input type="checkbox"/>	<input type="checkbox"/>
2	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"/>
3	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"/>
4	<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"/>
5	<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?”)	<input type="checkbox"/>	<input type="checkbox"/>
6	<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)	<input type="checkbox"/>	<input type="checkbox"/>
7	<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"/>
8	<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"/>
9	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"/>
10	<b><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)</b>	<input type="checkbox"/>	<input type="checkbox"/>
11	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	<input type="checkbox"/>	<input type="checkbox"/>
	Refer for any “yes” responses in Section 1 (if <b>bolded</b> , there <u>must</u> be another “referral” response on this form from any section)	<input type="checkbox"/>	<input type="checkbox"/>