

Niagara Children's Centre Birth to School Start Speech-Language Pathology Referral Checklist – By 48 Months (4 years)



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 in this section 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 section
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Section 1		YES	NO
1	<p><u>Consistently</u> say a variety of phrases/sentences with 5 or more words.</p> <ul style="list-style-type: none"> If the child uses more than one language, they may use more than one language in their sentence and this is normal (e.g. “Le chien jumped on the hill”). 	<input type="checkbox"/>	<input type="checkbox"/>
2	<p>Use adult-type grammar that is correct MOST of the time. May have errors with verb tenses.</p> <p><i>Example: I broked my toy</i></p>		
3	<p>Say a variety of words from ALL of the following categories</p> <ul style="list-style-type: none"> Nouns (<i>people, places, things</i>) Verbs/action words (<i>e.g. run, jump, sing</i>) Describing words (<i>e.g. big, pretty</i>) Pronouns (<i>e.g. me, mine, my, you</i>) Position words (<i>e.g. behind, under</i>) Quantity words (<i>e.g. a little, a lot</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
4	<p>Say phrases/sentences for a variety of reasons including MOST of the following:</p> <ul style="list-style-type: none"> Ask for more details (<i>e.g. if not satisfied with a short answer, will ask “how?” and “why?” to get more information</i>) Solve problems (<i>e.g. talk about problems that happen in play</i>) Repeat or explain if someone has not understood them (<i>e.g. try to say something again or repeat louder or use different words or gestures to try to be understood</i>) Comment on what he/she sees Re-tell past events Negotiate Give directions 	<input type="checkbox"/>	<input type="checkbox"/>
5	<p>Tell stories with a clear beginning, middle AND end</p> <p><i>Example: I fell at the park, then grandma brought me home and gave me a bandaid.</i></p>		
6	<p>Follow directions involving at least 3 steps</p> <p><i>Example: “First get some paper, then draw a picture, last give it to mom”</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
7	<p>Respond with words to MANY “who”, “what”, and “where” questions including the following: “What will happen next?” (<i>e.g. in a story</i>), “What do we do next?” (<i>e.g. in a familiar routine such as bedtime</i>), “What would you do if?” (<i>situations the child has had experience with e.g. “What would you do if you spill a drink/get cold?”</i>)</p>	<input type="checkbox"/>	<input type="checkbox"/>
8	<p>Enjoy interactive play with people using books OR toys</p>	<input type="checkbox"/>	<input type="checkbox"/>
9	<p>Use imaginative play that includes words, actions, and interactions with adults or children</p> <p><i>Examples: Acts out familiar activities such as going to the grocery store, the doctor, to work, on a trip that includes others.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
10	<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, SH, CH, J and TH sounds properly at this age – this is normal 	<input type="checkbox"/>	<input type="checkbox"/>
11	<p>Speak clearly enough to be understood by parents and unfamiliar people <u>ALMOST</u> 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 	<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	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”)	<input type="checkbox"/>	<input type="checkbox"/>
3	Have limited interest in familiar or unfamiliar people (i.e. does not/rarely responds to or initiates joint attention, joint engagement); Limited or lack of response to their name or attempts to engage them <i>Examples: has limited smiling, laughing, making eye contact/poor eye gaze directed to faces; seems more interested in objects than people’s faces; limited sharing of interests, flat affect; no/limited response to another person’s speech/facial expressions/gesture)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	No longer have functional social or communication skills they once did (change must be sustained over time) *Note: must be distinct from age-typical reduction in babbling <i>Examples: was able to say multiple specific words functionally in specific situation and no longer does so</i>	<input type="checkbox"/>	<input type="checkbox"/>
5	Often use someone’s hand as a tool without looking at the person in order to request something <i>Example: places an adult’s hand on objects to request opening containers or activating toys</i>	<input type="checkbox"/>	<input type="checkbox"/>
6	Often repeat other people’s phrases or sentences in a meaningless way <i>Example: may repeat your question instead of answering it, parent says “what’s that?” and child responds “what’s that?”</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	Often repeat “whole phrases”, “memorized sentences”, or “scripts” heard from people, TV shows, movies, or books when these phrases do not seem relevant to the situation <i>Examples: saying a TV character’s catch phrase out of context; may repeat your question instead of answering it - parent says “what’s that?” and child responds “what’s that?”</i> AND has difficulty using words appropriately in everyday situations to communicate <i>Examples: may say “don’t forget to hold hands!” when they cross the street, but can’t request that someone hold their hand for comfort</i> OR the child’s ability to label with words (e.g. nouns, shapes, numbers, letters) well exceeds their ability to communicate for functional purposes. <i>Example: child can label items you hold up but cannot use words to communicate basic needs/wants</i>	<input type="checkbox"/>	<input type="checkbox"/>
8	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)	<input type="checkbox"/>	<input type="checkbox"/>
9	Regularly moves their fingers, hands, or body in an odd or repetitive way (must be frequent, repetitive and be observed to interrupt routines, rather just when excited or to soothe themselves to sleep) <i>Examples: repeatedly flaps their hands or stiffens than relaxes fingers while watching tv, eating, or walking</i>	<input type="checkbox"/>	<input type="checkbox"/>
10	Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way <i>Examples: predominately lines up toys or predominately examines toy parts rather than</i>	<input type="checkbox"/>	<input type="checkbox"/>

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	<i>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>		
11	Often complete MANY activities in a special way or certain order and become very distressed if the activity is interrupted <i>Examples: 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>	<input type="checkbox"/>	<input type="checkbox"/>
12	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 they must stop talking about the topics/doing the activities	<input type="checkbox"/>	<input type="checkbox"/>
	Refer for any “yes” responses in Section 2		