Consent to Complete *the Birth to "School Start"*
Speech-Language Pathology Referral Checklist

The **Niagara Children's Centre's** *Birth to "School Start" Speech-Language Pathology Referral Checklist* is a screening tool completed on an *annual* basis with ALL children from age 6 months **up to** August 31st **of the year** the child is eligible to enter Year 1 of Kindergarten.

This *Referral Checklist* is limited in scope:
- It is NOT a substitute for professional advice, diagnosis, or treatment.
- It is NOT a diagnostic test. Specific results cannot confirm the presence/absence of communication delays/disorders.
- It is NOT a "milestone" checklist that lists average ages skills are developed. Although the tool is divided into age categories, some skills within each age category should have developed many months before the corresponding age and some may have only recently developed.

The *Referral Checklist* was developed by Niagara Children's Centre, however it will be completed by one of your child's Educators. The Educator will review the results with you and ask you for your input. If the results of the Checklist indicate that a referral to Niagara Children's Centre for a speech & language assessment is warranted, the Educator will complete the referral with your consent (referral requires consent of a parent with decision-making responsibility or legal guardian).

If you consent to the referral being submitted via our secure online portal, you and the Educator will receive a confirmation email. This email will prompt you to book an Intake appointment, which is necessary to complete referral.

The first step is asking for your consent (parent with decision-making responsibility or legal guardian) to have your child's Educator complete the *Birth to "School Start" Speech-Language Pathology Referral Checklist* with your child. Do you consent?

Child's First and Last Name: Date of Birth (DD/MM/YYYY):

Completion of the
Checklist:

    I consent   Signature of Parent/Guardian   Signature of Witness

    I do not consent   Date (DD/MM/YYYY):   Date (DD/MM/YYYY):

Date of Completion (DD/MM/YYYY):   Completed by:

Recommendation: No further action is recommended at this time

Recommend referral to Niagara Children's Centre for follow up:

    Parent/guardian consents to referral

    Parent/guardian declines referral *The Checklist may be reviewed again in a few months time and a referral can be made at a later date with parent/guardian consent.*

Reason:

Signature of Parent/Guardian   Educator/Supervisor

Date (DD/MM/YYYY):   Date (DD/MM/YYYY):

Completion of the
Checklist:

I consent

            Signature of Parent/Guardian   Signature of Witness

I do not consent

            Date (DD/MM/YYYY):   Date (DD/MM/YYYY):

Date of Completion (DD/MM/YYYY):   Completed by:

Recommendation: No further action is recommended at this time

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Reason:

Signature of Parent/Guardian   Educator/Supervisor

Date (DD/MM/YYYY):   Date (DD/MM/YYYY):

Completion of the
Checklist:

I consent

            Signature of Parent/Guardian   Signature of Witness

I do not consent

            Date (DD/MM/YYYY):   Date (DD/MM/YYYY):

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Reason:

Signature of Parent/Guardian   Educator/Supervisor

Date (DD/MM/YYYY):   Date (DD/MM/YYYY):

This Program is a member of Quality Child Care Niagara