

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:		
<input type="checkbox"/> I consent	_____	_____
<input type="checkbox"/> I do not consent	Signature of Parent/Guardian	Signature of Witness
	Date (DD/MM/YYYY): __/__/____	Date (DD/MM/YYYY): __/__/____
Date of Completion (DD/MM/YYYY): __/__/____ Completed by: _____		
Recommendation: <input type="checkbox"/> No further action is recommended at this time		
<input type="checkbox"/> Recommend referral to Niagara Children's Centre for follow up:		
<input type="checkbox"/> Parent/guardian consents to referral		
<input type="checkbox"/> 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 _____
 I do not consent _____

Signature of Parent/Guardian _____ Signature of Witness _____
 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 _____
 I do not consent _____

Signature of Parent/Guardian _____ Signature of Witness _____
 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): ___/___/____