

Quality Child Care Niagara Reflective Practice Institute

Speech and Language Webinar Module Training

Speech and Language Webinar Module Training

- Welcome and Webinar Introduction
- Birth to “School Start” Speech-Language Pathology Referral Checklist
 - Referral Guidelines for QCCN
- Resources

Birth to “School Start” Speech-Language Pathology Referral Checklist

Niagara Children's Centre Preschool Speech and Language Program

- Provide speech and language service to children from birth to the September they are eligible to enter Year 1 Kindergarten
- Regional service with satellites across Niagara
- Goals: Healthy Communication Skills for ALL children, Intervention, Identification and Education (prevention/promotion)

'Early identification, early referral'

Eligibility for the Preschool Speech and Language Program

- Children must live within the Niagara Region regardless of where they attend Child Care.
- All children must be referred by August 31st of the year they are eligible to start Year One Kindergarten
- Services in French will be available for families who meet French eligibility criteria

Ways to Identify Speech and Language difficulties

QCCN Educators use a variety of tools/resources to help identify children with speech and language difficulties:

- QCCN Screening Tools – DPS and the Birth to “School Start” Speech-Language Pathology Referral Checklist (will refer to as “the Checklist”)
- Clinical observation
- Parent/guardian report
- Discussion with peers
- Resource Consultants
- Other

Speech & Language Skills

- **Receptive Language** – Understanding messages (vocabulary, concepts, grammatical structures, directions, stories, conversation)
- **Expressive Language** – Sending messages (both verbally and non-verbally)
 - **Form of Expressive Language** (*How being sent?*)
 - **Content of Expressive Language** (*What is message about?*)
- **Speech Sound Production** – Intelligibility of speech
- **Social Communication (Pragmatics)** – Social use of language (*Why child is sending a message?*)
- **Fluency** – Rate and flow of speech
- **Voice/Resonance** – Pitch, volume, quality of voice/hypo or hypernasal

Guidelines for QCCN Referrals using the Niagara Children’s Centre Birth to School Start SLP Referral Checklist

Contents

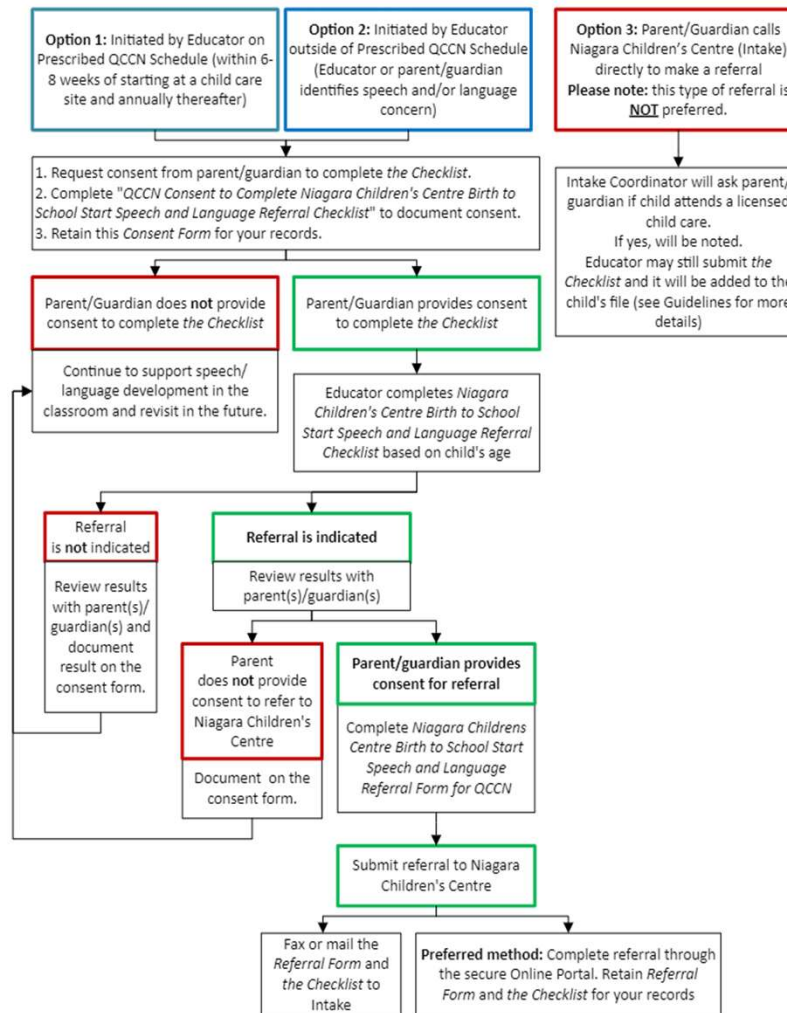
Overview.....	1
Referral Eligibility.....	2
Children already involved with Speech-Language services at Niagara Children’s Centre	2
Referral Options for Children attending Child Care.....	3
Option 1: Referral Checklist completed by Educator on Prescribed QCCN Schedule.....	3
Option 2: Referral Checklist completed by Educator outside of Prescribed QCCN Schedule.....	3
Option 3: Parent/Guardian calls Niagara Children’s Centre (Intake) directly to make a referral.....	3
Instructions for Completion.....	4
Who will complete the Checklist?	4
What is required to complete the Checklist and submit a referral?.....	4
How to Score the Checklist	4
Children Whose Primary Language is not the Language of the Child Care.....	5
How do you submit a referral?	5
Submission Option 1: Via the Secure Online Referral Portal	5
Submission Option 2: Via Fax or Mail (completed on paper)	6
Next Steps (When the Referral is received).....	7
Frequently Asked Questions (FAQ) from the Child Care Community.....	7
FAQ re: Completing and Submitting the Referral Checklist.....	7
FAQ re: The Online Referral Portal	10
FAQ re: SmartStart Hubs.....	11

QCCN Speech and Language Screening using *the Checklist*

Options:

- 1) Referral Checklist is initiated by the educator on the prescribed QCCN Schedule
- 2) Referral *Checklist* is initiated by the Educator outside the prescribed schedule (parent/guardian or Educator has concerns)
- 3) Parent/Guardian calls Niagara Children's Centre Intake directly to make a referral (not preferred)

QCCN Referral Pathways



QCCN Referral Pathways

Option 1: Initiated by Educator on Prescribed QCCN Schedule (within 6-8 weeks of starting at a child care site and annually thereafter)

Option 2: Initiated by Educator outside of Prescribed QCCN Schedule (Educator or parent/guardian identifies speech and/or language concern)

Option 3: Parent/Guardian calls Niagara Children's Centre (Intake) directly to make a referral
Please note: this type of referral is **NOT** preferred.

1. Request consent from parent/guardian to complete *the Checklist*.
2. Complete "QCCN Consent to Complete Niagara Children's Centre Birth to School Start Speech and Language Referral Checklist" to document consent.
3. Retain this *Consent Form* for your records.

Parent/Guardian does **not** provide consent to complete *the Checklist*

Continue to support speech/ language development in the classroom and revisit in the future.

Parent/Guardian provides consent to complete *the Checklist*

Educator completes *Niagara Children's Centre Birth to School Start Speech and Language Referral Checklist* based on child's age

Intake Coordinator will ask parent/guardian if child attends a licensed child care.
 If yes, will be noted.
 Educator may still submit *the Checklist* and it will be added to the child's file (see Guidelines for more details)

QCCN Consent to Complete Niagara Children's Centre Birth to School Start Speech-Language Pathology Referral Checklist



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.

If you consent to the referral being submitted via our secure online referral portal, both you and the Educator will receive a confirmation email that the request has been received. This email will give you the opportunity to book an Intake appointment, which is necessary to complete referral.

The first step is asking for your consent 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): ___/___/___

QCCN Consent to Complete Niagara Children's Centre Birth to School Start Speech-Language Pathology Referral Checklist

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): ___/___/___	

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 Checklist - By 24 Months (2 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 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.

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 ChecklistEach age category is divided into TWO Sections.**Section 1:** Questions in this section represent skills that are expected "by" or "before" the age range 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
-

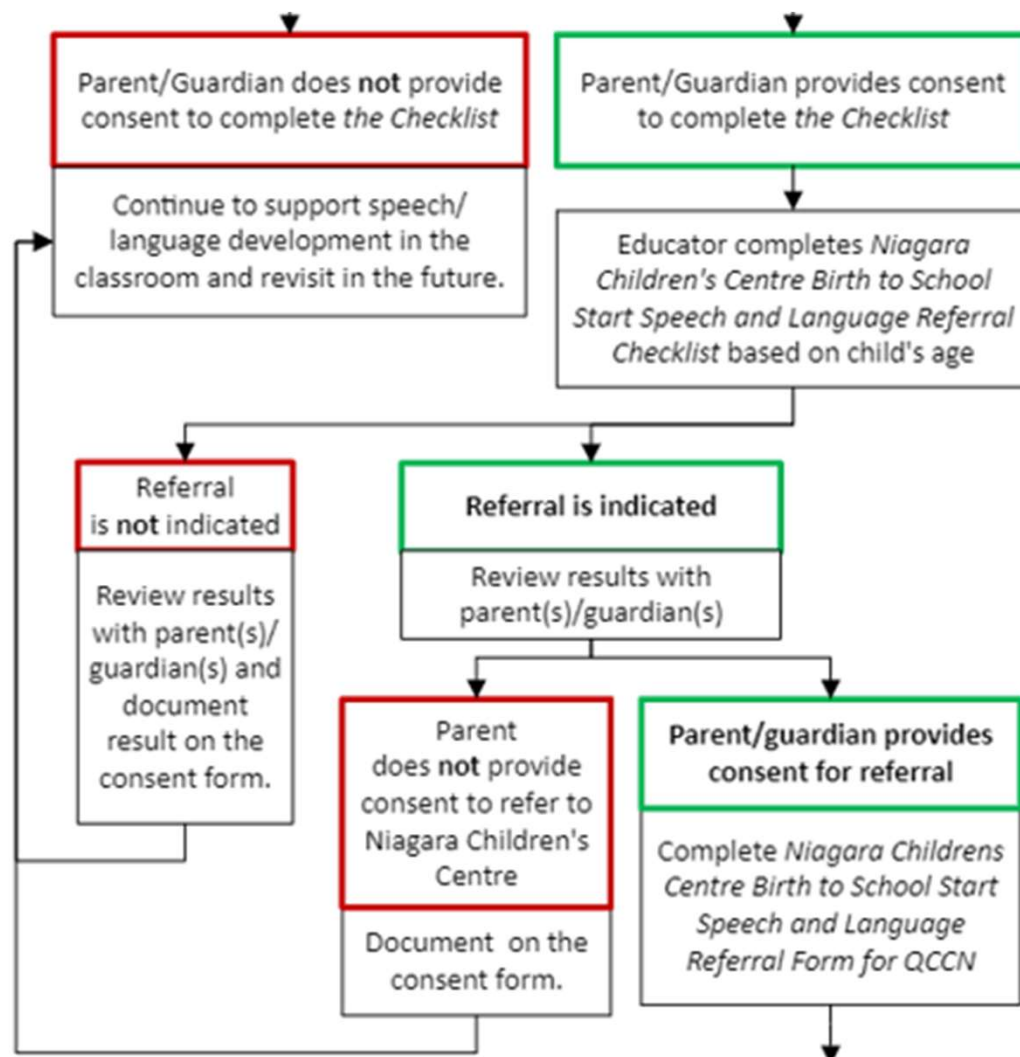
Section 1		YES	NO
1	Say at least 50 words in the right place at the right time (<i>in an appropriate situation with a clear purpose</i>). Words may not be clearly pronounced. If the child speaks in more than one language, count the total words they use in all languages (e.g., <u>pomme</u> , milk, <u>chein</u> , juice = four words).	<input type="checkbox"/>	<input type="checkbox"/>
2	Say more words every month (<i>consistently adds more words to vocabulary</i>)	<input type="checkbox"/>	<input type="checkbox"/>
3	Say words from ALL of the following categories: <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, I, you</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
4	Combine two or more words together (<i>don't count word combinations that are typically said together e.g. "bye bye", "all gone", "What's that", "here you go" or "I love you"</i>). If the child uses more than one language, they may use more than one language in their sentence and this is normal (e.g. "Truck is rouge").	<input type="checkbox"/>	<input type="checkbox"/>
5	Understand at least 300 words	<input type="checkbox"/>	<input type="checkbox"/>
6	Look across the room to something you point to	<input type="checkbox"/>	<input type="checkbox"/>
7	Respond with words to SOME simple "what's that?" questions	<input type="checkbox"/>	<input type="checkbox"/>
8	Follow two-step, routine directions that typically happen together (<i>e.g. take your shoes off and put them on the shelf</i>)	<input type="checkbox"/>	<input type="checkbox"/>
9	Follow SOME one-step directions he/she may not have heard before (<i>e.g. "Put a toy in your shoe"</i>)	<input type="checkbox"/>	<input type="checkbox"/>
10	Enjoy interactive play with people using books OR toys	<input type="checkbox"/>	<input type="checkbox"/>
11	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"/>
12	Pretend by acting out familiar routines 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"/>
13	Use MOST of these sounds at the beginning of words: p, m, b, t, d, n, h, w, y	<input type="checkbox"/>	<input type="checkbox"/>
14	Speak clearly enough to be understood by parents AND unfamiliar people 50%-75% of the time. 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 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"/>
4	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"/>
5	<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"/>
6	<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"/>
7	<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"/>
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	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)	<input type="checkbox"/>	<input type="checkbox"/>
10	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"/>
11	<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)	<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 he/she must stop talking about the topics/doing the activities	<input type="checkbox"/>	<input type="checkbox"/>
	Refer for any "yes" responses in Section 2 (if bolded , there <u>must</u> be another "referral" response on this form from any category)	<input type="checkbox"/>	<input type="checkbox"/>

Section 1		YES	NO
1	Say at least 50 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., <u>pomme</u> , milk, <u>chein</u> , juice = four words).	<input type="checkbox"/>	<input type="checkbox"/>
2	Say more words every month (<i>consistently adds more words to vocabulary</i>)	<input type="checkbox"/>	<input type="checkbox"/>
3	Say words from ALL of the following categories: <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, I, you</i>) 	<input type="checkbox"/>	<input type="checkbox"/>
4	Combine two or more words together (<i>don't count word combinations that are typically said together e.g. "bye bye", "all gone", "What's that", "here you go" or "I love you"</i>). If the child uses more than one language, they may use more than one language in their sentence and this is normal (e.g. "Truck is rouge").	<input type="checkbox"/>	<input type="checkbox"/>
5	Understand at least 300 words	<input type="checkbox"/>	<input type="checkbox"/>
6	Look across the room to something you point to	<input type="checkbox"/>	<input type="checkbox"/>
7	Respond with words to SOME simple "what's that?" questions	<input type="checkbox"/>	<input type="checkbox"/>
8	Follow two-step, routine directions that typically happen together (<i>e.g. take your shoes off and put them on the shelf</i>)	<input type="checkbox"/>	<input type="checkbox"/>
9	Follow SOME one-step directions he/she may not have heard before (<i>e.g. "Put a toy in your shoe"</i>)	<input type="checkbox"/>	<input type="checkbox"/>
10	Enjoy interactive play with people using books OR toys	<input type="checkbox"/>	<input type="checkbox"/>
11	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"/>
12	Pretend by acting out familiar routines 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"/>
13	Use MOST of these sounds at the beginning of words: p, m, b, t, d, n, h, w, y	<input type="checkbox"/>	<input type="checkbox"/>
14	Speak clearly enough to be understood by parents AND unfamiliar people 50%-75% of the time. 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 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"/>
4	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"/>
5	Often 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"/>
6	Often 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"/>
7	Often 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"/>
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	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)	<input type="checkbox"/>	<input type="checkbox"/>
10	Have limited interest in toys or use toys/objects in an unusual, unexpected or repetitive way (e.g. only lines up toys or only 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"/>
11	Often 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)	<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 he/she must stop talking about the topics/doing the activities	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any "yes" responses in Section 2 (if bolded , there <u>must</u> be another "referral" response on this form from any category)		<input type="checkbox"/>	<input type="checkbox"/>

What now?



Niagara Children's Centre Birth to School Start Speech- Language Pathology Referral Form for QCCN



**BIRTH TO "SCHOOL START"
SPEECH-LANGUAGE PATHOLOGY
REFERRAL FORM
FOR QUALITY CHILD CARE NIAGARA**
Tel: 905-688-1890 ext. 110 | Fax: (905) 688-9181
567 Glenridge Avenue, St. Catharines, ON L2T 4C2

Date referral form completed (DD/MM/YYYY): ___/___/___

**Referral portal available on
Niagara Children's Centre website if
preferred**

Section 1: Child's Information

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

Postal Code and City of Child's Home Address _____

Child's first language _____

Additional Concerns

Please briefly list any other concerns with the child's development in the space below.

Important: By providing this information, you are not referring to other Centre services. This information, however, will help guide the Intake Coordinator's conversation with the parent/legal guardian to ensure all appropriate Centre and community referrals are made in line with the Centre's established eligibility criteria and community service pathways.

Section 2: Parent/Legal Guardian Contact Information

Parent/Legal Guardian First and Last Name (please print): _____

Relationship to child (parent, legal guardian): _____

Primary Phone #: ___-___-____ Email: _____

Cellphone Number (for text reminders): ___-___-____ same as primary phone

Section 3: Requester Information Enter the information about the person sending this referral (NOT the parent/legal guardian).

Agency/Organization Name where the child was seen: _____

Who completed this referral (please print first name and last name): _____

Role: _____ Phone Number: _____

Agency/Organization Type:

- EarlyON Centre Child Care Centre
 Licensed Home Child Care (Wee Watch) Licensed Home Child Care (Niagara Region)

Niagara Children's Centre Birth to School Start Speech- Language Pathology Referral Form for QCCN



BIRTH TO "SCHOOL START" SPEECH-LANGUAGE PATHOLOGY REFERRAL FORM FOR QUALITY CHILD CARE NIAGARA

Section 4: Other Information

Speech and Language Referral Checklist was completed:

- As per QCCN schedule (6-8 weeks after starting Child Care or annual anniversary of last Checklist completion)
- Upon Parent/Guardian concern/ request, outside of QCCN schedule
- Upon Educator concern, outside of QCCN schedule

Please ensure:

- The child resides in Niagara (regardless of where the child attends Child Care)
- Speech and Language Referral Checklist is attached
- The child is not currently involved with/waiting for speech-language pathology at the Niagara Children's Centre

Please indicate if the child is involved with a:

- Resource Consultant: Yes No Referral in progress
 - If yes or in progress, provide name and agency: _____
- QCCN Behaviour Consultant: Yes No Referral in progress
 - If yes or in progress, name: _____

If the child/family's first language is not the primary language of the childcare:

Service is available in English and French.

- Will the parent/legal guardian need an interpreter for another language on the intake call? Yes No
If yes, indicate language spoken including dialect, for an interpreter _____
- Will you (the requester) provide assistance during the intake call?
 - Yes, a parent/guardian will require support from me to answer questions on the intake call
 - No, a parent/guardian can independently answer questions on the intake call
- Could you (the requester) confirm that the parent/guardian has concerns in child's primary language?
 - Yes No

Niagara Children's Centre Birth to School Start Speech- Language Pathology Referral Form for QCCN



BIRTH TO "SCHOOL START" SPEECH-LANGUAGE PATHOLOGY REFERRAL FORM FOR QUALITY CHILD CARE NIAGARA

Section 5: Release of Information/Consent

- I confirm I am a parent with custody or a legal guardian of this child
- I consent to the referral for Speech and Language Assessment at the Niagara Children's Centre
- I consent to add this personal health information to the Niagara Children's Centre electronic health record. I understand that Niagara Children's Centre is funded by the Ministry of Children, Community, and Social Services and consent to this information being added to the Ministry of Children, Community, and Social Services' database.
- I consent to the sharing of information regarding my child between Niagara Children's Centre and all agencies/organizations listed under "Requester Information"

If applicable:

- I consent to send this personal health information to Niagara Children's Centre via the Secure Online Referral Portal.
- I consent to the sharing of information regarding my child between Niagara Children's Centre and the **Resource Consultant Agency and/or the QCCN Behaviour Consultant** connected to my child's child care provider indicated above. This consent is valid if my child is actively in service with these consultants or service is initiated within 1 year of the date below.

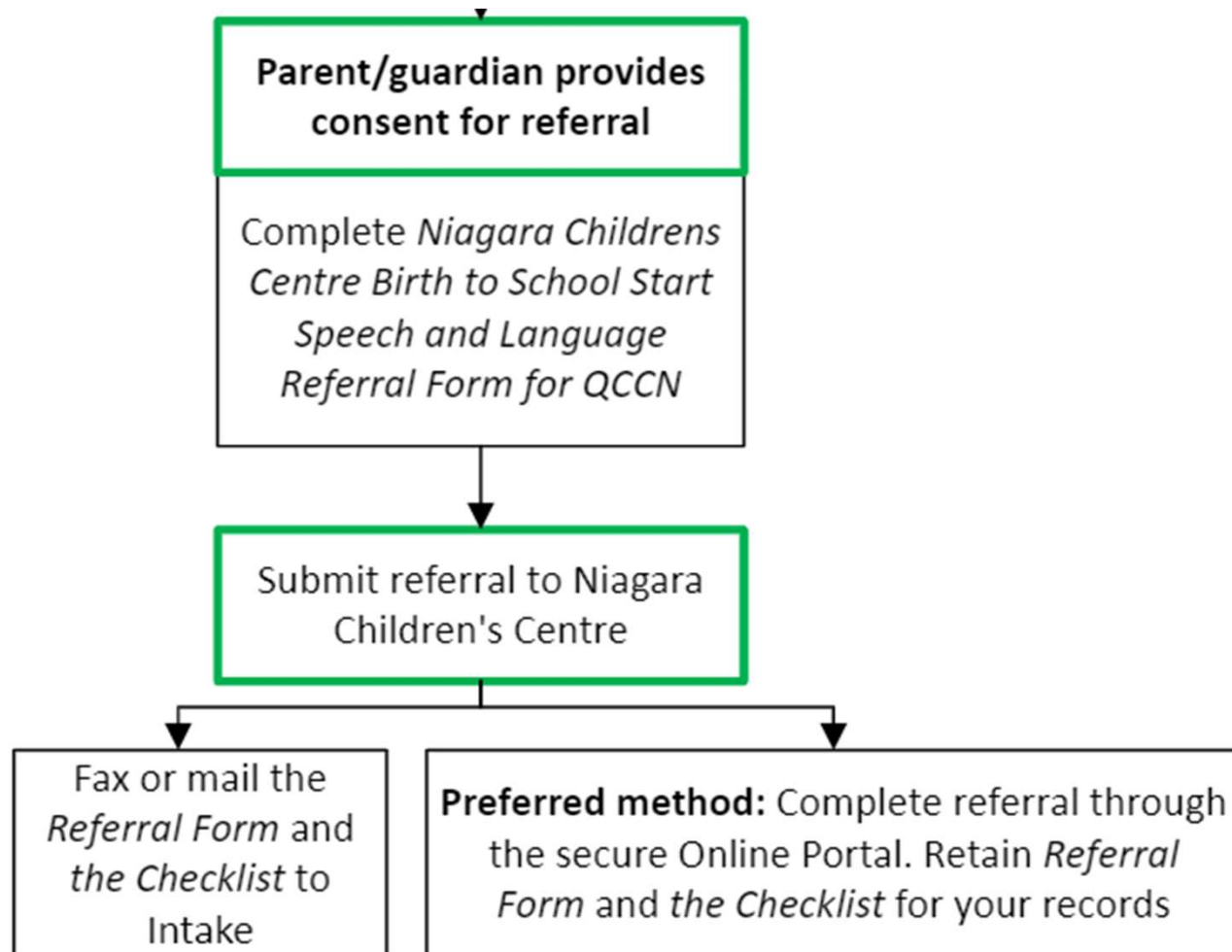
Parent/Legal Guardian Name (Please PRINT full name): _____

Parent/Legal Guardian Signature: _____

Date of Signature (DD/MM/YYYY): ___/___/___

Submitting your Referral

- 1) Secure Online Referral Portal
- 2) Mail or Fax in the Referral Form and the Checklist



Niagara Children's Centre Birth to "School Start" Speech-Language Pathology Referral Checklist

Getting Started

About the Referral Checklist

Welcome to the Niagara Children's Centre Birth to "School Start" Speech-Language Pathology Referral Checklist. This is an online checklist that will help you to determine whether a child who has not yet started school in the Niagara region will benefit from a communication development assessment by a Speech-Language Pathologist, at the **Niagara Children's Centre**. This takes about 20-30 minutes to complete.

Si vous désirez un service en français, veuillez communiquer avec l'accueil central afin de compléter l'outil de vérification de communication et de faire une demande de service par téléphone.

If you need a LANGUAGE INTERPRETER for another language or other assistance to complete this form, please call the **Niagara Children's Centre Intake Coordinators** at **905-688-1890, x110**.

The Referral Checklist works by helping to identify whether or not a child's communication skills seem to be developing as expected, if behaviours are present that sometimes occur when a child is not developing communication as expected, and if there are concerns with stuttering, resonance, or quality of voice.

> The purpose of this Referral Checklist is to help determine whether a child will benefit from communication assessment by a Speech-Language Pathologist. [Click to learn more...](#)

* What is your relationship to the child?

Educator - using "Quality Child Care Niagara" protocols ▼

Anyone can use the Referral Checklist to see if a Speech-Language Pathologist assessment would be beneficial.

However, if at the end it is determined that an assessment would be beneficial, only a parent with custody (or a legal guardian) can consent to submitting information online to initiate a referral. Please follow all QCCN processes for obtaining parent/legal guardian consent for referrals.

I have read and understand the above information.

Next →

Preliminary Information

* Child's first name

Bobby

Age Eligibility

The questions on this checklist are customized by child age.

* Child's date of birth

2021-01-05



Please confirm that the child is 2 years, 4 months old

Location Eligibility

Only children who live in the **Niagara Region** are eligible to connect with **Niagara Children's Centre** for speech language services.

* Enter the FIRST 3 LETTERS of postal code of CHILD'S primary residence



L0S

Does the child...

* Say at least 50 words in the right place at the right time (in an appropriate situation with a clear purpose). 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)


Yes No

* Say more words every month (consistently adds more words to vocabulary)

Yes No

* Say words from ALL of the following categories: Nouns (people, places, things), Verbs/action words (eg. run, jump, sing), Describing words (eg. big, pretty), pronouns (eg. me, I, you)

Yes No

 Save & Print

Results

i The child will benefit from a speech and language assessment.

Based on your answers to the questions, there are some potential areas of concern regarding the child's communication, which are highlighted in the "View Results Summary" section of this page.

RECOMMENDATION: We recommend a speech and language assessment.

[> View results summary](#)

Next Steps - Refer

* Would you like to refer the child for a speech and language assessment at **Niagara Children's Centre**?

- Yes
- No
- Maybe Later

Next Steps

- Intake Coordinators
 - Receive the referral and review it
 - Reach out to the family to get additional information needed for the file
 - Schedule an assessment

You can check on the status of your referral by calling our Intake Coordinators.

Resource Consultants

- Resource Consultants (RC) will now use a different form via the portal
 - See: Local Community Partners Form/Portal
 - Key differences:
 - RCs to use Occupational Therapy (OT) / Physiotherapy (PT) specific checklist
 - Both RC and Educator info used to make appropriate additional referrals
 - RC checklist prompts conversation with family about physician referral for diagnostics

The Primary Goals of the Niagara Children's Centre Birth to School Start Speech-Language Pathology Referral Checklist

- **'Early identification, early referral'**
- Healthy promotion and enhancement of speech and language skills for ALL children



Speech & Language Tracking Sheet

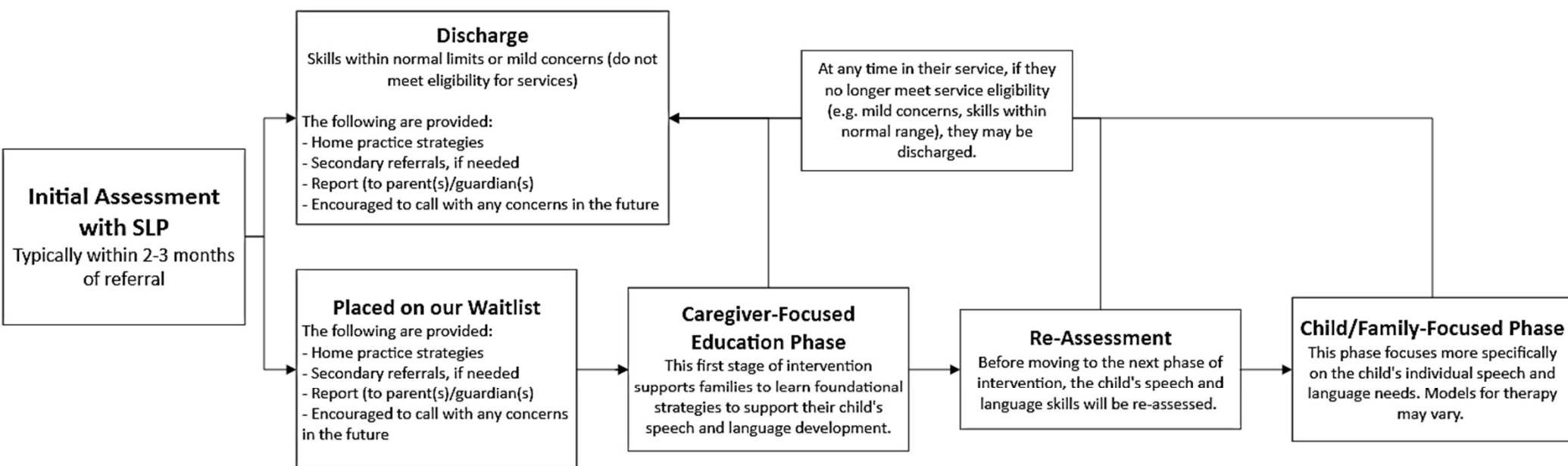
Group: _____ Year: _____

Child's Name	Birthdate	Date S&L Due	Date Consent Signed	Date S&L Completed	Date Follow Up Consent Form Signed	Referral Needed (Y) or (N)	Referral Sent (Y) or (N)

Speech & Language Tracking Sheet



Service Provision



Services at any time in their involvement with Niagara Children's Centre may occur at the family's preferred location (one of Niagara Children's Centre satellites), wherever possible. If the point of discharge is at the time of transition to Kindergarten, transition support will be provided, including recommendations/referrals for school-based supports, if applicable.

Service Provision Process

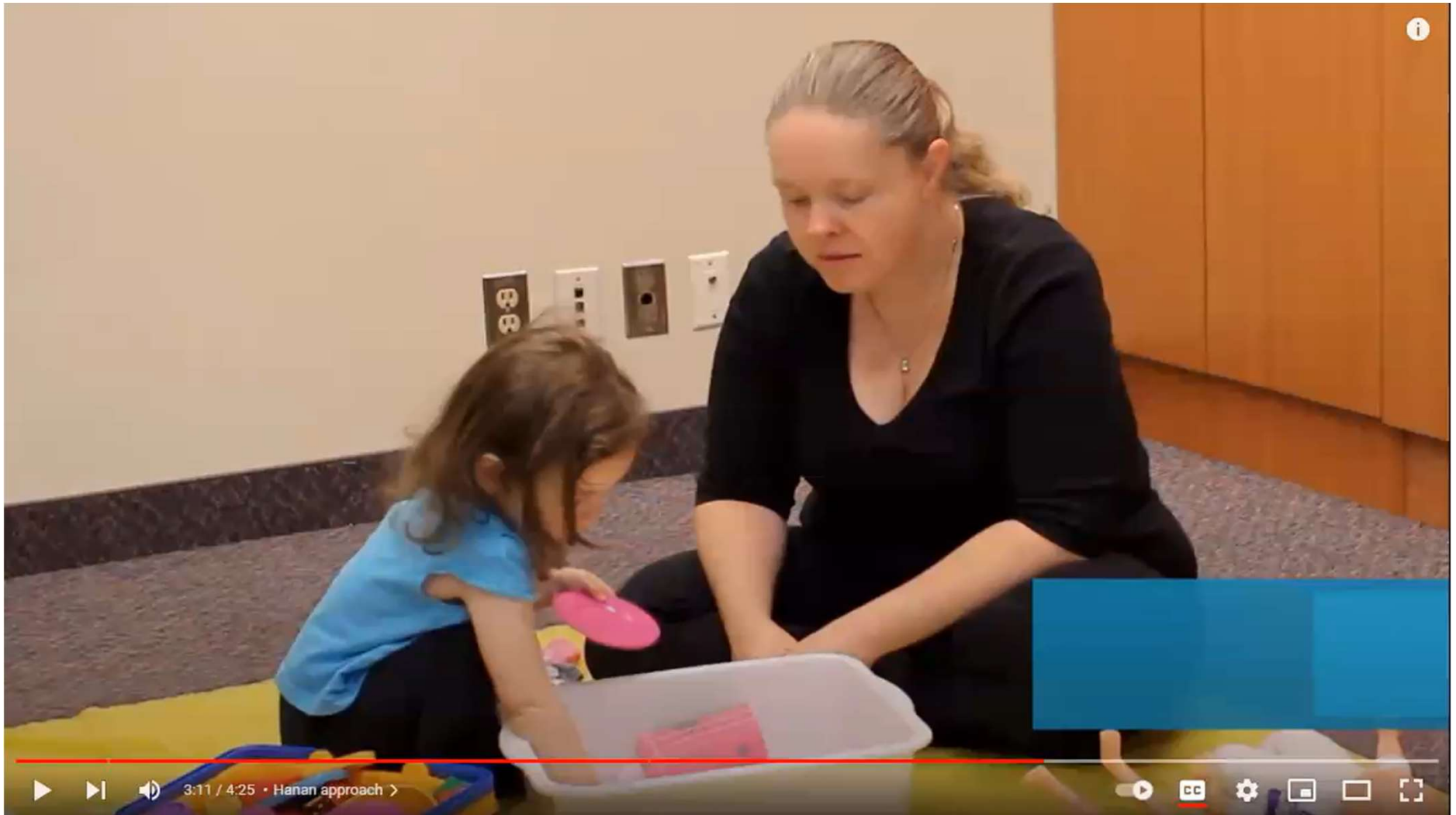
- Approximately one hour in length
- Parent/guardian present
- Conducted at Niagara Children's Centre, one of our satellite locations or virtually
- Formal and/or informal analysis
- Educator input welcomed (with parent/guardian permission call, attend the session)
- Parent/guardian is always provided with home strategies (ask for them)
- Secondary referrals are made with parent/guardian permission

Speech and Language Facilitation Strategies

Interactive experience: observe and analyze video of an educator and child

Strategy development







Speech and Language Scenarios



Refer to the Speech and Language Referral Checklist and Speech and Language Facilitation Strategies and determine:

- Would you refer this child to Niagara Children's Centre? Yes or No
 - What speech and language facilitation strategies would you use with this child?
1. 18-month-old, limited attention, minimal sound productions, banging toys, not imitating sounds
 2. 2-year-old, good attention span, appropriate play skills, about 20 words, a lot of pointing, "understands everything we say"
 3. a) 3-year-old, Spanish is the first language, repeats a few English words, parents' report says a few words in Spanish
b) 3-year-old, Spanish is the first language, repeats a few English words, parents report speaks well in Spanish
 4. 3-year-old, "understands most everything", sounds like he is making sentences but "I can't tell what he is saying"
 5. 3½-year-old, sometimes gets stuck on words or repeats first sounds or words (e.g. "Me me me wanna go?")
 6. 2½-year-old, about 200-word vocabulary, uses 2-3 word sentences, about 75% intelligible, understands most everything.

Answers

1. **Yes**, refer to Niagara Children's Centre.
Implement all Interaction and Information strategies; focus on turn taking and join in the play in order to develop attention, and motor and speech imitation skills, label/name everything.
2. **Yes**, refer to Niagara Children's Centre.
Implement all Interaction and Information strategies.
3. a) **Yes**, refer to Niagara Children's Centre.
Implement all Interaction and Information strategies; focus on labelling/naming everything to build understanding of English vocabulary
b) **Maybe!** If child has only been exposed to English for a short while, do not refer, monitor. If has been exposed to English for awhile, consider a referral.
Implement all Interaction and Information strategies; focus on labelling/naming everything to build understanding of English vocabulary
4. **Yes**, refer to Niagara Children's Centre.
Implement all Interaction and Information strategies; focus on interpreting/guessing
5. **Maybe.** If these repetitions are occurring often, have been occurring more than a few months and/or parents and/or educator are concerned and/or child is aware of the repetitions then **Yes**, refer to Niagara Children's Centre. If these repetitions occur every once in awhile, neither parents nor educator are concerned and child is not aware, do not refer, however, monitor closely. If there is a family history of stuttering or dysfluency, may want to refer.
Implement all Interaction and Information strategies; focus on 'what the child is saying, not how he is saying it' i.e. listen carefully and repeat, do not ask child to slow down, take a breath, etc. *When imitating/repeating always use correct grammar and speech sounds (i.e. "I want to go?")
6. **No**, do not refer to Niagara Children's Centre; monitor for continued progress.
Implement all Interaction and Information strategies.

Self Reflection

During your next experience with a child, think of the Checklist, be mindful of the interaction and information strategies you may or may not be using, and capture the moments to join in play - even if briefly - and look for opportunities to do so!

- How can you create more opportunities to interact with children?

Resources

- QCCN Resources and Tools

<https://eccdc.org/quality-child-care-niagara//resources-tools>

- Niagara Children's Centre

<https://niagarachildrencentre.com/>

- Niagara Children's Centre Referral Portal

<https://assessment.caredove.com/form/niagarachildrencentre/preschool-speech-language>

- QCCN Frequently Asked Questions

<https://eccdc.org/quality-child-care-niagara/faqs/>

- The Hanen Centre®

<https://www.hanen.org/Home.aspx>

Questions?

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