



Quality Child Care Niagara

Quality Child Care Niagara
Reflective Practice Institute

Speech and Language Webinar Module Training


Niagara Region COMMUNITY SERVICES 



Quality Child Care Niagara

Speech and Language Webinar Module Training

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



Quality Child Care Niagara

**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


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

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): ____/____/____



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) 

Refer to the following instructions for completing this checklist:
 • Refer to the following instructions for completing this checklist:
 • Instructions for QCCN Referral 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:
 • Instructions for QCCN Referral 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, @ age 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: 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




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

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, @ age 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: 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 (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., <i>gommis, milk, chais, juice</i> = four words).	<input type="checkbox"/>	<input type="checkbox"/>
2 Say more words every month (consistently adds more words to vocabulary).	<input type="checkbox"/>	<input type="checkbox"/>
3 Say words from ALL of the following categories: <ul style="list-style-type: none"> Nouns (people, places, things) Verbs/action words (e.g., run, jump, sing) Describing words (e.g., big, pretty) Phonemes (e.g., m, l, p) 	<input type="checkbox"/>	<input type="checkbox"/>
4 Combine two or more words together (don't count word combinations that are typically said together e.g., "bye bye", "off gone", "what's that", "here you go" or "I love you"). 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 rouger").	<input type="checkbox"/>	<input type="checkbox"/>
5 Understand at least 200 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 SCHE single "what's that?" questions.	<input type="checkbox"/>	<input type="checkbox"/>
8 Follow two-step, routine directions that typically happen together (e.g. take your shoes off and put them on the shelf).	<input type="checkbox"/>	<input type="checkbox"/>
9 Follow SCHE one-step directions he/she may not have heard before (e.g. "Put a toy in your shoe").	<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 (e.g. if sees a stranger, hears a stranger noise, or something breaks).	<input type="checkbox"/>	<input type="checkbox"/>
12 Pretend by acting out familiar routines with toys involving at least one step (e.g. stir a pot, feed stuffed animal, put baby doll to sleep, talk on phone etc)?	<input type="checkbox"/>	<input type="checkbox"/>
13 Use MOST of these sounds at the beginning of words: p, m, b, t, d, n, s, l, 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, breathy/hoarse like a lot of air comes out when talking, voice sounds strained).	<input type="checkbox"/>	<input type="checkbox"/>
2 Rehear, repeat words or sounds (e.g., "l" or "m" sounds (e.g., "big, daddy"), string sounds (e.g., p-p-p-p), or single or multiple words (e.g., "no-no")	<input type="checkbox"/>	<input type="checkbox"/>
3 Have limited interest in people (e.g. has limited smiling, laughing, making eye contact, or response to a person's happy/neutral expression; seems more interested in objects than people.)	<input type="checkbox"/>	<input type="checkbox"/>
4 No longer use social communication skills they once did (e.g. p, no longer smiling and laughing, no longer making noise).	<input type="checkbox"/>	<input type="checkbox"/>
5 Respond to others as if on a tool in order to request something (e.g. shows an adult's hand on object to request opening container or allowing food).	<input type="checkbox"/>	<input type="checkbox"/>
6 Once spoken or heard a phrase or sentence in a conversation, may say that phrase/word again (e.g. "what's that?").	<input type="checkbox"/>	<input type="checkbox"/>
7 Once seen "action phrases", "motoric activities", or "scripts" repeatedly from people, TV shows, movies, or books when these phrases do not seem relevant to the situation AND (difficult) using words in context, e.g. on occasion, spontaneously or purposefully communicate their wants and needs.	<input type="checkbox"/>	<input type="checkbox"/>
8 Have frequent gestures that are not used consistently in every situation (e.g. to communicate their wants and needs).	<input type="checkbox"/>	<input type="checkbox"/>
9 Move their fingers, hands, or body in an odd or repetitive way (e.g., repeatedly flap their hands, wiggle fingers during play or rock body frequently throughout the day).	<input type="checkbox"/>	<input type="checkbox"/>
10 Have limited interest in or use of toys (e.g. only use a few toys, only use toys in a certain way (e.g. only line up toy or only examine toy parts rather than play with them in the intended manner), stack, open/close parts separately), repeats the same steps with a toy over and over, stacks along the edge of objects, dangles string or holds items through or under other objects, carries item from right to left or vice versa).	<input type="checkbox"/>	<input type="checkbox"/>
11 Once complete MANY activities in a special way or certain order and become very distressed if the activity is disrupted (e.g. insists on routine or line to complete activities in a certain way or sequence, insists you must play with a toy in a certain way and is difficult to redirect if cannot change course).	<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 topic(s) during the activities.	<input type="checkbox"/>	<input type="checkbox"/>

Refer for any "no" responses in Section 2 or if bolded, there may be another "yes/no" response on this form from any category



Section 1

	YES	NO
1 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., <i>gommis, milk, chais, juice</i> = four words).	<input type="checkbox"/>	<input type="checkbox"/>
2 Say more words every month (consistently adds more words to vocabulary).	<input type="checkbox"/>	<input type="checkbox"/>
3 Say words from ALL of the following categories: <ul style="list-style-type: none"> Nouns (people, places, things) Verbs/action words (e.g., run, jump, sing) Describing words (e.g., big, pretty) Phonemes (e.g., m, l, p) 	<input type="checkbox"/>	<input type="checkbox"/>
4 Combine two or more words together (don't count word combinations that are typically said together e.g., "bye bye", "off gone", "what's that", "here you go" or "I love you"). 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 rouger").	<input type="checkbox"/>	<input type="checkbox"/>
5 Understand at least 200 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 SCHE single "what's that?" questions.	<input type="checkbox"/>	<input type="checkbox"/>
8 Follow two-step, routine directions that typically happen together (e.g. take your shoes off and put them on the shelf).	<input type="checkbox"/>	<input type="checkbox"/>
9 Follow SCHE one-step directions he/she may not have heard before (e.g. "Put a toy in your shoe").	<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 (e.g. if sees a stranger, hears a stranger noise, or something breaks).	<input type="checkbox"/>	<input type="checkbox"/>
12 Pretend by acting out familiar routines with toys involving at least one step (e.g. stir a pot, feed stuffed animal, put baby doll to sleep, talk on phone etc)?	<input type="checkbox"/>	<input type="checkbox"/>
13 Use MOST of these sounds at the beginning of words: p, m, b, t, d, n, s, l, 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

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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:

- 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 provided 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

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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): ____/____/____

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Submitting your Referral

1) Secure Online Referral Portal

2) Mail or Fax in the Referral Form and the Checklist


Parent/guardian provides consent for referral

Complete Niagara Childrens Centre Birth to School Start Speech and Language Referral Form for QCCN

Submit referral to Niagara Children's Centre

Fax or mail the Referral Form and the Checklist to Intake

Preferred method: Complete referral through the secure Online Portal. Retain Referral Form and the Checklist for your records




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

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

Child: _____ Date: _____

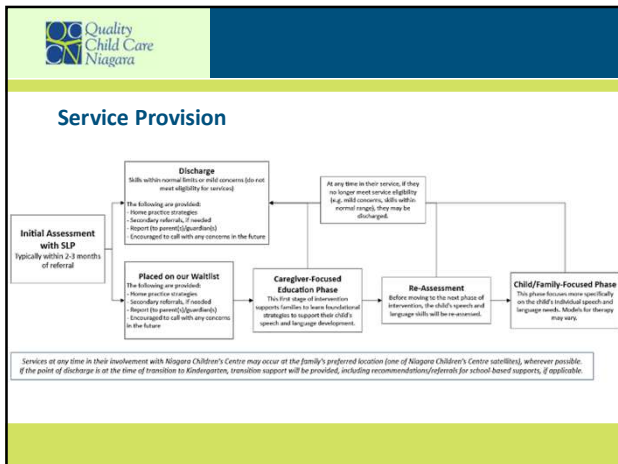
Child's Name	Referral Date	Date Last Contacted	Date Follow Up Contact	Referral Received (Y/N)	Referral Accepted (Y/N)

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DPS and Speech & Language Tracking Sheet

Group: _____ Year: _____

Child's Name					
Child's Birthdate					
Effective date					
Diagnosis					
Parent/guardian					
Case #/ID					
Language					
Screened at 12					
Date follow-up					
Parent form					
Referral					
Speech & Language					
Date speech & language					
Language					
Date speech & language					
Language					
Referral					
Screened at 12					
Date follow-up					
Parent form					
Referral					
Language					



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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





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Speech and Language Scenarios

Refer to the Speech and Language Behavior Checklist and Speech and Language Observation Strategies and determine:

- How well the child is using the Speech and Language Center? (Yes or No)
- How many and what language behaviors/strategies would you use with the child?

1. 18-month-old, linked utterances, minimal sound production, babbling, yes, no, pointing sounds
2. 2-year-old, good attention span, separate play skills, about 20 words, a lot of pointing, understands everything and is
3. 3-year-old, separate to the first language, repeats the English words, separates, repeats and then wants to separate
4. 3-year-old, "repetitive" and "repeating", "repeat" like to be repeating something to "repeat" and "repeat"
5. 3-year-old, conversation gets stuck on words or repeats that sounds or words like "This is the same as?"
6. 3-year-old, about 100-word vocabulary, uses 10 word utterances, about 200 utterances, understands most everything.

Answers:

1. Yes, refer to Speech and Language Center.
2. Yes, refer to Speech and Language Center.
3. No, refer to Speech and Language Center.
4. Yes, refer to Speech and Language Center.
5. No, refer to Speech and Language Center.
6. Yes, refer to Speech and Language Center.

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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?

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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>

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Questions?

Contact:
Priyanka Tan, QCCN Coordinator
ptan@eccdc.org
905.646.7311 ext. 306

