

## Niagara Children's Centre Speech and Language Referral Checklist Consent Form

The Speech & Language Referral Checklist is a screening tool completed on an *annual* basis with **ALL** children from age 6 months until August 31 prior of the year the child is eligible to enter Year 1 Kindergarten.

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 should be made to Niagara Children's Centre for a speech & language assessment, the Educator will complete the referral with your consent.

The first step is asking for your consent to have your child's Educator complete the Speech & Language Referral Checklist with your child. Do you consent?

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birthdate

I consent     I do not consent

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Completed by: \_\_\_\_\_

Recommendation:     No further action is recommended at this time  
                                   Recommend referral to Niagara Children's Centre for follow up

Reason: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Educator/Supervisor

Date: \_\_\_\_\_

Date: \_\_\_\_\_



I consent     I do not consent

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Completed by: \_\_\_\_\_

Recommendation:     No further action is recommended at this time  
                               Recommend referral to Niagara Children’s Centre for follow up

Reason: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Educator/Supervisor

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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I consent     I do not consent

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Completed by: \_\_\_\_\_

Recommendation:     No further action is recommended at this time  
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Reason: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Educator/Supervisor

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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