

Before Completing, please refer to:

- Niagara Children's Centre Speech and Language Referral Checklist Consent Form
- Niagara Children's Centre Speech and Language Referral Checklist Overview & Instructions for QCCN

If results of Checklist indicate a referral is needed, please refer to:

- Niagara Children's Centre Speech and Language Referral Pathways for QCCN
- Niagara Children's Centre Speech and Language Referral Form for QCCN

Child's Name:	
Date of Birth:	_Age at Checklist completion:
Date Checklist completed:	
Checklist completed by:	Role/Agency:
Date Checklist discussed with pare	nt/guardian:
Is the child currently waiting for or	receiving Speech-Language Pathology services at Niagara
Children's Centre? Q Y Q	N If yes, do not refer:
Referral made?: Que Y Que I	N If yes, date referred:

How to Score the Checklist

• Each age category is divided into **<u>TWO</u>** boxes.

Box 1:

- Questions in the "first box" represent 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 box

Box 2:

- Questions in the "second box" 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 box (unless indicated by a *, as questions with a must have at least 1 other response in Box 1 or 2 that warrants a referral)

Box 1:

Does the child		NO
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, chein, juice = four words).		

Say more words every month (<u>consistently</u> adds more words to vocabulary)	
Say words from ALL of the following categories:	
Nouns (people, places, things)	
 Verbs/action words (e.g. run, jump, sing) 	
• Describing words (e.g. big, pretty)	
• Pronouns (e.g. me, I, you)	
Combine two or more words together (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"). If the child uses more than one language, they may use more then one language in their sentence and this is normal (e.g. "Truck is rouge").	
Understand at least 300 words	
Look across the room to something you point to	
Respond with words to SOME simple "what's that?" questions	
Follow two-step, routine directions that typically happen together (e.g. take your shoes off and put them on the shelf)	
Follow SOME one-step directions he/she may not have heard before (e.g. "Put a toy in your shoe")	
Enjoy interactive play with people using books OR toys	
If something new happens, looks at your face to see how you feel about it (e.g. if sees a stranger, hears a strange noise, or something breaks)	
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)?	
Use MOST of these sounds at the beginning of words: p, m, b, t, d, n, h, w, y	
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 	

<u>Box 2:</u>

Does the child		YES	NO
	Have an unusual voice quality (e.g. nasal, hoarse and scratchy; or always sounds like they have a cold; breathy/sounds like a lot of air comes out when talking; voice sounds strained)?		
1.	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)		
2.	No longer have social or communication skills they once did (e.g. is no longer smiling and laughing, is no longer making noises)		
3.	<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)		
4.	<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?")		
5.	<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		

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		words appropriately in everyday situations (e.g. to communicate their wants and needs)	
	6.	*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)	
	7.	*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 <u>frequently</u>	
		throughout the day)	
	8.	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)	
	9.	* <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)	
	10.	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	
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-		7 & 9: must have at least 1 other response in Box 1 or 2 that warrants a	
	referral		

Please briefly list any other concerns with the child's development:

*Important: Information in this section will not be used by Niagara Children's Centre Intake to refer to other Centre services. Referrals for occupational therapy and/or physiotherapy must be made by a Resource Consultant or Physician using established eligibility criteria and processes.