



**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

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**Child’s Information**

Child’s First and Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_\_

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**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): \_\_\_/\_\_\_/\_\_\_\_

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**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): \_\_\_/\_\_\_/\_\_\_\_

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**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	Show you what they want by reaching for or looking at what they want AND then looking at you to get it for them	<input type="checkbox"/>	<input type="checkbox"/>
2	Respond to everyday sounds when awake ( <i>e.g. a telephone ringing, knock at the door, toys</i> )	<input type="checkbox"/>	<input type="checkbox"/>
3	Respond to or look at you when you use an interesting or excited voice to say the child’s name	<input type="checkbox"/>	<input type="checkbox"/>
4	Understand being told “no” ( <i>does not need to stop what they are doing, but respond in some way to the command.</i> )	<input type="checkbox"/>	<input type="checkbox"/>
5	Watch your face as you talk	<input type="checkbox"/>	<input type="checkbox"/>
6	Enjoy interacting with people ( <i>e.g. smiles and laughs in response to your smiles, your laughs, your excited voices, your fun facial expressions</i> )	<input type="checkbox"/>	<input type="checkbox"/>
7	Recognize, get excited by, and/or take part in AT LEAST ONE familiar play activity with you ( <i>e.g. peekaboo, tickle games, nursery songs/rhymes etc</i> )	<input type="checkbox"/>	<input type="checkbox"/>
8	Try to make sounds when you make sounds ( <i>does not need to copy the exact sound</i> )	<input type="checkbox"/>	<input type="checkbox"/>
9	Babble by saying the same sound over and over ( <i>e.g. bababa, duhduhduh, or any consonant sound followed by vowel sound</i> ) <u>often</u> during the day	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “no” responses in Section 1			
Section 2			
		YES	NO
1	Have limited interest in people ( <i>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</i> )	<input type="checkbox"/>	<input type="checkbox"/>
2	No longer have social or communication skills they once did ( <i>e.g. is no longer smiling and laughing, is no longer making noises</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Refer for any “yes” responses in Section 2			