

## Referral for 36 Months

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent(s) Name: \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ email: \_\_\_\_\_  
 Child's address \_\_\_\_\_ Postal Code \_\_\_\_\_

**If the child has one or more flags, please fax your referral to Central Intake at 905-762-2115**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Understands "who" "what" "where" and "why" questions
<input type="checkbox"/>	<input type="checkbox"/>	Creates long sentences using 5 – 8 words
<input type="checkbox"/>	<input type="checkbox"/>	Understood by most people outside of the family most of the time
<input type="checkbox"/>	<input type="checkbox"/>	Talks about past events (e.g. trip to Grandparents' house, day at childcare)
<input type="checkbox"/>	<input type="checkbox"/>	Tells simple stories
<input type="checkbox"/>	<input type="checkbox"/>	Names one or more colours
<input type="checkbox"/>	<input type="checkbox"/>	Shows affection for favourite playmates
<input type="checkbox"/>	<input type="checkbox"/>	Joins in play with a group of two or more peers
<input type="checkbox"/>	<input type="checkbox"/>	Engages in multi-step pretend play, including words (e.g. pretending to cook a meal, repair a car, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Listens to stories or music for 5 minutes with adult
<input type="checkbox"/>	<input type="checkbox"/>	Gets up from squatting position without help
<input type="checkbox"/>	<input type="checkbox"/>	Throws a ball forward fairly straight for three metres
<input type="checkbox"/>	<input type="checkbox"/>	Stands on one foot with momentary balance
<input type="checkbox"/>	<input type="checkbox"/>	Can jump forward from standing on two feet for more than 30 centimetres
<input type="checkbox"/>	<input type="checkbox"/>	Completes an easy puzzle (4-6 pieces)
<input type="checkbox"/>	<input type="checkbox"/>	Copies a circle from a model

**Has anyone noticed whether the child**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has lost any previously obtained skills, language or social skills
<input type="checkbox"/>	<input type="checkbox"/>	Does not respond consistently or at all when name is called
<input type="checkbox"/>	<input type="checkbox"/>	Rarely engages socially (e.g. smiling, eye contact)
<input type="checkbox"/>	<input type="checkbox"/>	Is more interested in looking at objects than people's faces
<input type="checkbox"/>	<input type="checkbox"/>	When eating, has sensitivity/aversions to different textures OR difficulty chewing or swallowing
<input type="checkbox"/>	<input type="checkbox"/>	Lacks interest in toys or typically plays with them in an unusual or repetitive way (e.g. lining up, spinning, opening/closing parts rather than using the toy in the expected way)
<input type="checkbox"/>	<input type="checkbox"/>	Is preoccupied with unusual interests or topics (e.g. light switches, doors, fans, trains)
<input type="checkbox"/>	<input type="checkbox"/>	Shows an intense interest in letters or numbers to the exclusion of a more typical way of interacting with an object (e.g. focussing on the words rather than the pictures in a book, or on the letters written on an toy vs. the toy itself)
<input type="checkbox"/>	<input type="checkbox"/>	Performs activities in a specific way/certain order and may have a temper tantrum if this activity is interrupted
<input type="checkbox"/>	<input type="checkbox"/>	Moves his/her fingers, hands or body in an odd or repetitive way
<input type="checkbox"/>	<input type="checkbox"/>	Echoes other people's phrases or sentences (e.g. parent says "Put on your shoes" child responds "Put on your shoes")
<input type="checkbox"/>	<input type="checkbox"/>	Talks in whole phrases or scripts from TV shows or books when these do not seem relevant to the situation
<input type="checkbox"/>	<input type="checkbox"/>	STUTTERS: Parents report child "stutters" using repetitions of words (e.g. "lll") or syllables (e.g. "dadadaddy"), sound prolongations (e.g. "mmmommy) or blocks (e.g. "b----all")
<input type="checkbox"/>	<input type="checkbox"/>	Has an unusual voice quality (e.g. nasal, hoarse, breathy)

**REFERRAL SOURCE** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **email:** \_\_\_\_\_  
**PARENT GUARDIAN CONSENT**  
 I \_\_\_\_\_ consent to a referral being made to York Region Preschool  
 Speech & Language Program and/or Early Intervention Services for my child \_\_\_\_\_ .  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Notes: \_\_\_\_\_

FOR INTAKE USE ONLY      • REFERRAL SOURCE CONFIRMATION:      Date: \_\_\_\_\_  
 File opened for Early Intervention and/or Speech and Language       Parent declined       Family could not be reached