

How to Refer to Speech Services Niagara (SSN)

Newest revision: July 23, 2017

Last revised: May 7, 2015

Part One:

- Staff completes the DPS and *Speech and Language Developmental Checklist*
 - Staff speaks with site Supervisor regarding next steps i.e. referral to SSN, share with parents, consent to refer
 - Supervisor or designated person completes the referral documentation (see Part Two below)
- *Remember '**Early Identification, Early Referral**' i.e. do not wait for completion of the DISC

Part Two:

1. Supervisor completes the new *Referral Form for Niagara Children's Centre/Speech Services Niagara* making sure to obtain parent/caregiver signature and attaches the completed *Speech and Language Developmental Checklist*. It is discussed with the family that all appointments are **–initially–** offered at one of SSN's satellite offices (see below for exception for appointments to be scheduled at Child Care Centre's).

Note:

- This is the preferred referral process. The referral will be credited to your child care site.
 - Incomplete documentation will be returned.
2. Supervisor sends the two documents (i.e. *Referral Form* and *Speech and Language Developmental Checklist*) via **fax or mail** to Central Intake. NEW Fax # - 905-688-9181 Address - NPCC 567 Glenridge Avenue St. Catharines, ON L2T 4C2
 3. Central Intake contacts the family. Intake is conducted and a date for initial assessment is booked (typically occurs within 4-6 weeks).

Special Consideration in which the Initial Assessment will be done at the Child Care setting, instead of at a SSN satellite office. If the parent/caregiver/Child Care staff tells Central Intake that the parent absolutely cannot get to an SSN satellite for an initial assessment. Central Intake will complete intake and then contact the Child Care Supervisor to arrange for the initial assessment to be done at the child care setting. The supervisor will then notify the parent/caregiver of the date of the assessment and have the parent/caregiver complete the *Consent Form to be seen at Child care in Caregiver's Absence* and *Consent Form to Release Information* and forward both documents to SSN.

NOTES:

- To obtain documentation, go to www.speechservicesniagara.ca (Resources for Providers → QCCN Referral Package)
- Children must be referred by **November 1st** of Year One Kindergarten. For children **already** attending Kindergarten Year One, the Kindergarten teacher must **also** complete the school board referral package.
- Children who are of age but who **do not** attend a Ministry of Education program are eligible for an assessment **only** (i.e. not eligible for therapy) if referred after **November 1st** but before **June 1st**.
- If the child is already involved with SSN, you **do not** need to refer. It is recommended that you contact the child's Speech Language Pathologist (SLP) to let them know you are now part of the team and to collaborate regarding strategies.
- The SLPs will ask the parent/caregiver for consent to speak with you and will strongly encourage them (the parent) to share their copy of the *Speech and Language Initial Assessment Summary Report* with you.
- **Intake for French Referrals.** As per SSN Policy, all French-speaking families who meet the eligibility criteria for services in French (i.e. Intake, initial assessment and all further services conducted in French) will be provided with services in French.

DATE OF REFERRAL REQUEST: _____

CLIENT INFORMATION

*Please note any legal guardian may consent to referral.

Consent received: ☐ Yes ☐ No If no, referral will not be processed.

*Please share if child has received service from us in the past. ☐ No ☐ Yes Specify _____

*Please note family must reside in catchment area to receive service.

Child's Name: _____
Last First Middle

Date of Birth: _____ Gender: ☐ M ☐ F
mm dd yyyy

Address:

Unit# Street # Street Name City Postal Code

Language(s) spoken in the home: _____

Child's 1st Language: _____ Service Language Options: English / French

Legal Guardian: _____ Both Parents _____ Parent # 1 only _____ Parent #2 only
_____ FACS _____ Other family situation _____

*If primary contact is FACS please add name and number of worker:

Legal Guardian/ Parent #1 (full name): _____ Parent#1 phone #: _____

Alternate #: _____ Email: _____

Legal Guardian/ Parent #2 (full name): _____ Parent #2 Phone #: _____

Alternate #: _____ Email: _____

Physician/Pediatrician: _____

School/Childcare: _____ # of days _____ a.m. p.m.

Other Community Agencies Involved (or child is on waiting list): ☐ No ☐ Yes If yes, identify the service(s):

_____ Hotel Dieu Shaver Health and Rehabilitation Centre (HDS) / Audiology

_____ Community Living/ Niagara Support Services – Specify _____

_____ Bethesda (Autism Services/ CDAS)

_____ Family and Children's Services (FACS) Specify _____

_____ Hospital for Sick Children

_____ McMaster Children's Hospital

_____ Infant & Child Development Services /Healthy Babies/Healthy Children (Niagara Region)

_____ Pathstone Mental Health Services

_____ OTHER: _____

Family history of speech or language delays or developmental delays? ☐ No ☐ Yes If yes, specify _____

Anything out of the ordinary with your pregnancy or delivery? ☐ No ☐ Yes If yes, specify _____

Any other major illnesses or diagnoses? ☐ No ☐ Yes If yes, identify _____

Any allergies? ☐ No ☐ Yes If yes, specify _____

Any medications? ☐ No ☐ Yes If yes, specify _____

Immunizations up to date? ☐ Yes ☐ No If no, specify _____

Transportation Issues: _____

Anything else we need to know to serve you better in regards to religious or cultural practices? ☐ No ☐ Yes
If yes, specify _____

Concerns by: Parent Legal Guardian Teacher/School Other: _____

Identified Issues / Areas of concern: _____

Referral Source:

☐ Parent/Legal Guardian ☐ Medical ☐ Community Agency ☐ Other _____

Referral Source Name and Contact Information: _____

Consent Source: Family and Children's Services Parent #1 Parent #2 Legal Guardian

Parent/ Legal Guardian Name (please PRINT full name) _____

Parent/ Legal Guardian Signature _____

Interpreter Required? ☐ N ☐ Y If yes, language needed? _____

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www.niagarachildrenscentre.com | www.speechservicesniagara.ca



Speech & Language Developmental Checklist



Child's Name

Date of Birth Age

Primary language or culture..... Child Care/Agency:

Completed by Date

Outcome

Parental Concerns

Referral recommended ☐ Yes ☐ No

If yes, date referred

If child does not meet even one of the criteria listed below for his/her age, please refer to Speech Services Niagara as per QCCN protocol.

Young Babies

By 0 to 6 months, most children will:

- ☐ Make noises (coos, gurgles, sounds)
- ☐ Turn towards sounds
- ☐ Watch your face when you talk
- ☐ Smile at you

8 - 13 months

- ☐ Intentional communication

12 - 14 months

By 12 to 14 months, most children will:

- ☐ Understand their own name
- ☐ Understand words like "bye-bye", "up" or "come"
- ☐ Say sounds like "ba ba, na na, ga ga"
- ☐ Laugh and try to make sounds like you do
- ☐ Say 2 to 5 words but not clearly

18 months

By 18 months, most children will:

- ☐ Understand simple directions (e.g. "Where is your nose?" "Show me your shoe")
- ☐ Learn new words weekly
- ☐ Use words, sounds, gestures to tell you what he/she wants
- ☐ Look for things when asked (e.g. "Go and find your ball")
- ☐ Say about 20 words



Speech and Language Developmental Checklist



24 months

By 24 months, most children will:

- ☐ Say two words together like *"more milk"* or *"my hat"*
- ☐ Understand more than they can say
- ☐ Play with toys and pretend to do things like feed a doll
- ☐ Say a minimum of 50 to 300 words

2 to 3 years

From 2 to 3 years, most children will:

- ☐ Use short sentences (e.g. *"Me do it"* or *"Daddy going car"*)
- ☐ Listen to stories and answer simple questions
- ☐ Have a conversation with family members or other familiar people
- ☐ Be 90% intelligible by age 3 (i.e. will not need their parent to interpret for them)

3 to 4 years

From 3 to 4 years, most children will:

- ☐ Use sentences of four to six words with adult-like grammar
- ☐ Give directions like *"Fix this for me"*
- ☐ Ask many questions like what, where, and why
- ☐ Tell about things they have done in the past
- ☐ Talk to themselves and their toys
- ☐ Tell a story or sing a song

5 years

By 5 years, most children will:

- ☐ Participate in long, detailed conversations
- ☐ Use sentences that should almost sound like an adult
- ☐ Be able to say most speech sounds correctly
- ☐ Follow related directions like *"Get your crayons, make a picture, and put it on the fridge"*

Refer to Speech Services Niagara as per QCCN protocol if the child does not meet even one of the criteria listed above for his/her age and/or if:

- ☐ A child has an 'off' or 'different' sound to his/her voice
- ☐ A child has pronunciation problems
- ☐ A child has a high-risk history or diagnosis such as cleft palate, hearing loss, or PDD/Autism
- ☐ A child is stuttering
- ☐ A child's play or social skills seem inappropriate
- ☐ A child is embarrassed by his/her speech



CONSENT FORM

For Child Care Visits in Caregiver's Absence

Central Intake:

567 Glenridge Ave

St. Catharines, ON

L2T 4C2

Phone: 905-688-1890 x110

Fax: 905-688-9181

Child's Name: _____
(please print)

Date of Birth: _____

I, _____ (relation to the child: _____),

agree to have my child (named above) seen by the Speech-Language Pathologist from

Speech Services Niagara at their child care facility _____
(Name of facility)

in my absence. Information may be shared with myself, preschool staff, and Speech
Services Niagara.

(date)

(Signature of Parent/Guardian)

(witness)

*Speech Services Niagara is a program administered by Niagara Children's Centre in
partnership with the Niagara Health System.

CONSENT FOR SHARING of INFORMATION

I, _____ agree
(Name of parent / guardian)

that Speech Services Niagara can share information between other care providers.
These professionals are initialed by me, below. This is to help in the care of my child,

(Name of client)

(Date of Birth)

initial	
_____	Physician(s) _____
_____	Regional Municipality of Niagara (Public Health Department / Infant and Child Development Services)
_____	Pathstone Mental Health Services
_____	Childcare Centre _____
_____	Children's Aid Society Niagara (FACS) _____
_____	Community Care Access Centre – Niagara
_____	District School Board of Niagara
_____	Niagara Catholic District School Board
_____	Conseil scolaire Viamonde
_____	Conseil scolaire catholique MonAvenir
_____	Hotel Dieu Shaver Rehab
_____	Other _____

Speech Services Niagara is a partnership between Niagara Children's Centre and the Niagara Health System so a file with typical/common health information on my child may be located at any of these sites. An electronic consent is also kept on file. I understand that I can change my mind and change this consent at any time.

Signature of parent / guardian

Date

Signature of witness

Date

Address and telephone number of witness / organization (if signed off-site)