

18 MONTH CHECKLIST

Parent Consent

I hereby authorize _____ (name of referring agency) to complete and release this Speech/Language Checklist to the Preschool Speech-Language Services System.

I consent to the sharing of information between Language Express and _____ (name of referring agency).

I understand that all information about my family will be kept confidential, and that I will be contacted to complete the referral process. *No services will be provided until direct contact has been made with the parent or legal guardian and consent for service has been obtained.*

Parent/Guardian's Signature

Witness' Signature

Date

Child's Name: _____ D.O.B: _____

Parent(s) Name(s): _____

Address: _____

Tel (home): _____ (work) _____ (cell) _____

Form Completed by: _____

Has the child had two or more ear infections, or fluid in the middle ear?

☐ Yes

☐ No

Please check all the items below which describe the communication style of the child:

- ☐ Child can follow simple instructions (i.e. Show me the... Give me the...)
- ☐ Child can point to 3 body parts upon request (i.e. eyes, nose, mouth)
- ☐ Child understands more words than she can say
- ☐ Uses at least 20 words consistently; words do not have to be clear i.e., "Mama" or "ba" for "ball"
- ☐ Child can say "No"
- ☐ Asks for something by pointing and using sounds or words (points to cookie and says, "num num")

If a child is missing one or more of these expected age outcomes please refer to Language Express by faxing this form to 613-283-2924 or calling our Intake Line at 1-888-503-8885.

Any other comments or concerns regarding the child's overall development?

Referring Agency Information (professionals please fill out below)

Referred By: _____ Telephone Number: _____

Mailing Address: _____