

## 3 YEAR 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:**

- Understands same/different, one/all, heavy, night/day
- Enjoys pretend play and playing with other children
- Can talk about something that happened in the past (e.g. trip to Grandma's)
- Says 4-7 words in a sentence "I want my red ball"
- Understands and asks "Who?" "What?" "Where?" and "Why?" questions
- Adults outside of your family understand at least half of what your child says

**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: \_\_\_\_\_