

6 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 is startled by loud or sudden noises
- Child responds when name is called
- Child babbles; i.e., "Ba-ba-ba", "goo-goo", squeals for attention
- Child recognizes familiar faces and objects
- Child enjoys games like "peek-a-boo", tickling
- Child reaches for, holds and puts toys in mouth
- Child smiles and laughs in response to parents' smiles and laughter

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: _____