



SPEECH & LANGUAGE DEVELOPMENTAL CHECKLIST

The Speech & Language Developmental Checklist is a screening tool completed on an *annual* basis with children from Birth to 5 years of age.

Based on the results of the checklist a referral to Speech Services Niagara program at Niagara Children’s Centre will be completed by the educator with Parent Consent.

The Speech & Language Developmental Checklist has been implemented to support *all* children to address any concerns where a child may be experiencing some challenges with speech and/or language.

We are requesting your consent to have our staff complete the Speech & Language Development Checklist screening tool with your child. The results will be shared with you. Do you consent?

Child’s Name

Birthdate

I consent I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Date of completion: _____

Completed by: _____

Scoring Outcome: _____

Recommendation: No further action is recommended at this time
 Recommend referral to Speech Services Niagara for follow up

Reason: _____

Parent/Guardian Signature

Educator/Supervisor

Date: _____

Date: _____



I consent I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Date of completion: _____

Completed by: _____

Scoring Outcome: _____

Recommendation: No further action is recommended at this time
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Reason: _____

Parent/Guardian Signature

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I consent I do not consent

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