



**REFERRAL**

**The Early Years Services Team (Early Childhood Speech and Language Clinic, Saskatoon Child Care Speech and Language Services, and Early Years Wellness Team) provides speech and language services in clinics and community based settings within Saskatoon and surrounding area from birth until entry into school.**

**NOTE: For concerns regarding Autism or significant developmental, cognitive or physical challenges, please refer to the Alvin Buckwold Child Development Program (ABCDP) instead by calling 306-655-1070.**

Referral Date: \_\_\_\_\_ Child's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_ Birth date (dd-mmm-yyyy): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Parent/Guardian 1: Last name: \_\_\_\_\_ First: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2: Last name: \_\_\_\_\_ First: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Consent to email and text communication regarding child's referral: ☐ (please check box to provide consent)

Licensed Child Care Centre: \_\_\_\_\_

What concern(s) do you have for this child?

- ☐ Low vocabulary for age: \_\_\_\_\_ words
- ☐ Difficulty combining words into sentences
- ☐ Difficulty following directions
- ☐ Difficulty with speech sounds
- ☐ Stuttering
- ☐ Play skills
- ☐ Interacting with others
- ☐ Fine motor skills (e.g., using their hands)
- ☐ Gross motor skills (e.g., walking)
- ☐ Behaviour
- ☐ Feeding and/or swallowing
- ☐ Sensory (e.g., sensitivity to sounds or touch)
- ☐ Autism concerns (refer to ABCDP instead)
- ☐ Global Developmental Delay (refer to ABCDP instead)
- ☐ Other: \_\_\_\_\_

What specific questions or concerns would you like addressed?

Additional Information/Relevant Medical History:

Referred by: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Parent ☐ Nurse ☐ Doctor ☐ Other/Agency: \_\_\_\_\_

Has parent/guardian consent been provided for this referral? (required) ☐ Yes ☐ No