



Referral for Early Childhood Speech and Language Services

Primary Health speech and language services are provided to children within **Saskatoon** from **birth to entry into kindergarten** with specific speech and language issues. Services are provided through the Saskatoon Early Childhood Speech and Language Clinic at Royal University Hospital and Early Childhood Community Speech and Language Program at most pre-kindergarten programs and licensed childcare centres.

- For children who display or are at risk for significant developmental, cognitive and/or physical challenges, please refer to the Alvin Buckwold Child Development Program at Kinsmen Children's Centre by contacting 306-655-1070.
- For children who reside in the rural area of the Saskatoon Health Region from birth to entry into kindergarten, please refer to Public Health Speech Language Pathology by contacting 306-655-4150.
- For children who are school-age, please contact their school for speech and language services.
- For Adult SLP services, please contact the Adult Speech Language Centre at City Hospital 306-655-8180.

Referral Date: _____

Child's Name: Last: _____ First: _____ Gender: Boy Girl

Personal Health Number: _____ Birth date (dd-mm-yy): _____

Address: _____ Postal Code: _____

Child lives with: Both Parents Father Mother Foster Parents Other: _____

Family Doctor: Dr. _____ Languages spoken in home: English Other: _____

Child attends: Licensed Child Care Centre Pre-Kindergarten Other/None

Name of program: _____ Address: _____

Mother Other: _____

Father Other: _____

Last name: _____ First: _____

Last name: _____ First: _____

Home Phone: _____ preferred

Home Phone: _____ preferred

Cell: _____ preferred

Cell: _____ preferred

Primary Email: _____ I/We consent to email contact

1. Reason for Referral:

- Failure 18-20mos screening
- Low vocabulary for age: _____ words
- Difficulty combining words into sentences
- Difficulty understanding or following directions

- Speech is difficult to understand
- Stuttering
- Parent concerned? No Yes
- Other: _____

2. Medical Diagnosis

No Yes _____

3. Alcohol or Drug use during pregnancy

No Yes _____ Unknown

4. History of ear infections

No Yes (how many: _____)

5. Tubes placed in ears

No Yes (Date: _____)

6. Other areas of concern (e.g., walking, behavior, etc)

No Yes _____

7. Other services that the child has been referred to or has previously received:

- Alvin Buckwold Child Development Program Kids First Child and Youth Services
- Other Speech-Language Pathologist: _____ Other: _____

8. Additional information: _____

Completed By: Parent PHN: (NEHC WWHC SEHC ONHC)
 Dr. _____ Other: _____