



SPEECH LANGUAGE PATHOLOGY SCREENER

Client First Name:

Client Last Name:

Date of Birth:

EMHware #:

Informant:

Date of Screener:

School/Daycare:

Address:

Is the child/youth currently receiving or have they received SLP services in the past: Yes No

If yes, date of service: **Name of SLP service provider:**

If possible, submit previous assessments to FIREFLY Intake or bring to first appointment.

Please review all sections. Each greyed out area represents an area of concern. If you have concerns in an area, check the corresponding greyed box and ensure you have completed the details. If you do not check off a greyed-out area (i.e., don't have a concern in that area), please proceed to the next greyed out area.

Age	Area of Concern	Specific Details
Hearing	Child/Youth has a diagnosed or suspected hearing loss	Details
All ages	Please explain or attach report(s) and date(s) of previous hearing assessment.	
Fluency	Child/Youth stutters	Details
2 + years	Stutters about 25% of the time	
	Stutters about 50% of the time	
	Stutters almost all the time (75% - 100%)	
	Displays secondary behaviors such as facial expressions, eye blinks, head movements and/or muscle tension when stuttering	
	Child/Youth is frustrated/worries about their stuttering	

Voice	Child/Youth has voice problems		Details
All ages	Hoarse voice		
	Nasal sounding speech		
	Abnormally loud or quiet		
	Abnormally high or low pitched		
Articulation	Child/Youth has speech sound difficulties		Details
2 + years	People do NOT understand what the child/youth is saying about 25% of the time		
	People do NOT understand what the child/youth is saying about 50% of the time		
	People do NOT understand what the child/youth is saying about 75% of the time		
	Most of what the child/youth says is very difficult to understand		
	Sounds errors occur at many ages but can be developmentally appropriate. Child/Youth has difficulty with producing the following sounds (please circle):		
2 + years	p, b, d, m, n, h, w		
3 + years	t, k, g, ng, f, y		
4 + years	v, s, z, sh, ch, j, l		

5 + years	th, zh, r		
All ages	Please provide examples of sound errors in words:		
Language	Child/Youth has difficulty with understanding and using language. Child/Youth does NOT YET:		Details
9 + months	Babble such as “mamamama” and “bababababa”		
12 + months	Say a few words or word approximations (sounds do not need to be correct)		
18 + months	Say multiple different single words		
	Follow one-step directions (e.g. Give it to me)		
2 + years	Put at least 2 words together (e.g. my toy, more milk)		
	Say approximately 50+ words		
3 + years	Talk in a conversation with you for at least two back-and-forth exchanges		
	Label actions in books (e.g. running, eating)		
	Follow 2-step directions (e.g. go to your room and get your ball)		
4 + years	Say sentences of 4+ words		

Non-speaking	Child/Youth is non-speaking or uses very few words to communicate		Details
3 + years	Child/Youth uses mostly gestures to communicate		
	Child/Youth uses repeated, learned phrases to communicate		
	Child/Youth may benefit from an alternative form of communication		
	Please explain how the child/youth communicates if not with words (i.e., gestures, repeated words/phrases, pointing, crying, laughing):		
Social Language/Play	Child/Youth has difficulty with social interactions. Child/Youth does NOT YET:		Details
6 + months	Look at you for a few seconds		
	Explore objects		
	Laugh in response to play		
12 + months	Play peek-a-boo		
	Clap their hands		

2 + years	Look for hidden objects		
	Imitate a pretend play action (e.g. drinking from a cup, sleeping)		
	Respond to others with eye contact		
3 + years	Treat dolls/stuffed animals as if they are alive		
	Play beside other children		
	Express emotions		
4 + years	Take turns with other children sometimes		
	Play with 2-3 children in a group		
5 + years	Play make-believe/imaginary (e.g. house, doctor, dress-up)		
6 + years	Understand that other people may have different thoughts and beliefs		
	Participate in a back-and-forth conversation on a variety of topics		
	Understand figurative language and sarcasm and humour		

Feeding and Swallowing	Child/Youth has difficulty with feeding and swallowing		Details
All ages	Child/Youth has had a swallow study by a speech pathologist or other specialist (if yes, please explain or provide report)		
	Ongoing choking, gagging, coughing or vomiting during meals		
0 + years	Difficulty latching to a bottle or breast		
	Difficulty sucking and swallowing		
6 + months	Difficulty transitioning to pureed or solid foods		
12 + months	Difficulty moving food in mouth from side to side		
	Difficulty with early chewing (jaw movements such as opening/closing and side to side)		
24 + months	Difficulty closing lips around a spoon to remove food		
30 + months	Difficulty drinking from an open cup without much liquid loss		

- If the child/youth has fluency, voice and/or articulation concerns and are registered in school they are eligible to receive support from the School Based Rehab Services (SBRS).
- If the child/youth has fluency, voice and/or articulation concerns and is under 3 ½ years old, the child is eligible for services from North Words. Forward referral to the North Words Program Assistant.

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- If the child/youth ONLY has language concerns, they are eligible to receive support from the School Board SLP; obtain consent from the parent/guardian to speak to the school regarding School Board SLP Services.
 - If the child/youth has language concerns as well as fluency, voice and/or articulation concerns they are eligible to receive School Based Rehabilitation Services AND the School Board SLP.
 - If the child/youth has language concerns and is under 3 ½ years old, the child is eligible for services from North Words. Forward the referral form via fax to the North Words Program Assistant.
 - If the child/youth has social language or requires a communication device assessment (i.e., are non-speaking or most of their words are difficult to understand) they are eligible to receive support from FIREFLY PROP Services.

NOTES:

1. All children/youth being referred for SLP services prior to Junior Kindergarten should be referred to North Words with the exception of the Far North as those children/youth should be redirect to SLFNHA.
2. Children/youth in First Nations Communities (not Far North) should have the choice of receiving SLP services through FIREFLY or their respective First Nations Health Authority: Kenora Chiefs Advisory (KCA), Sioux Lookout First Nation Health Authority (SLFNHA) or Giishkaandago'lkwe Health Services (formally FFTAHS). If the child/youth would like services in their home community, obtain verbal consent to redirect referral to the agency of their choice for an Intake. Clients who would like to receive services through FIREFLY need to be informed that service will be Centre Based as KCA, SLFNHA and Giishkaandago'lkwe HS provide Community Based Service.
3. For children/youth in SLFNHA (Far North) communities, redirect referrals to SLFNHA.
4. Home-schooled children/youth requiring SLP services for articulation, fluency or voice are to be referred to the Home and Community Care Support Services (HCCSS). Anyone can refer to HCCSS with parental consent, by calling 1-800-626-5406.