



## SMALL TALK CENTRE FOR LANGUAGE DEVELOPMENT

574 West 20th Avenue • Vancouver, BC • V5Z 1X7

Phone: 604 872 3132 • Fax: 604 872 3912 • Email: [office@smalltalkbc.org](mailto:office@smalltalkbc.org)

[www.smalltalkbc.com](http://www.smalltalkbc.com)

### REFERRAL FOR SERVICE: SLP SECTION

#### CHILD'S INFORMATION:

Date of Referral: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Gender: \_\_\_\_\_ PHN: \_\_\_\_\_

Brief description of speech and language concerns: \_\_\_\_\_

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Small Talk **only** accepts referrals from registered Speech-Language Pathologists (SLPs). If you are not an SLP, but have concerns about a child's speech and language development, please contact an SLP. If you are an SLP, please check **all** of the following boxes prior to completing this form. The child I am referring:

- Is aged 3–6 (or will turn age 3 by September 2016) and lives in Vancouver
- Is showing a difficulty in their first language
- Is diagnosed with a language delay/disorder as their **primary** concern
- Does not present with a speech-sound delay/disorder as a **primary** concern
- Has learning needs that I consider can be met in a group environment (5:1 ratio)
- Does not show **significant** sensory, behavioral, or social needs that require a high-level of individual support or intervention at this time
- Does not have a diagnosis of an Autism Spectrum Disorder

If you cannot check all these boxes but would like to discuss further, please call Small Talk's Speech-Language Pathologist on 604-872-3132, or email [slp@smalltalkbc.org](mailto:slp@smalltalkbc.org), and record brief notes about that discussion here or attach relevant email correspondence:

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#### REFERRING SPEECH-LANGUAGE PATHOLOGIST'S INFORMATION:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency / Health Centre: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

Has this child been assessed, or is he/she currently on the waitlist for assessment at Sunny Hill, BC Children's Hospital, or a private agency?  Yes  No

If yes, please provide notes here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any other agencies currently involved?  Yes  No

If yes, please provide notes here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child have any other relevant medical diagnosis?  Yes  No

If yes, please provide notes here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this child's hearing been tested?  Yes  No

If yes, please provide the date of testing and the child's hearing status; if no, please provide notes here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAREGIVER CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

Home Languages: \_\_\_\_\_ Interpreter Requested?:  Yes  No  
\_\_\_\_\_ (If yes, in which language: \_\_\_\_\_ )

**Required:**  Recent assessment report / progress note  Caregiver Consent

**Please fax for the attention of the Office Manager to: 604-872-3912**

**SLP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### REFERRAL FOR SERVICE: CAREGIVER CONSENT

#### TO BE COMPLETED BY PARENT/GUARDIAN OF CHILD BEING REFERRED

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

I agree to this referral and understand that \_\_\_\_\_  
(name of referring SLP) will forward this form and any recent assessment information  
and/or progress notes to Small Talk Centre for Language Development on my behalf.

I give Small Talk Centre for Language Development permission to communicate verbally,  
in writing, or via email with \_\_\_\_\_ (name of referring SLP)  
prior to contacting me. This is for the purpose of ascertaining my child's potential eligibility  
for Small Talk's services.

I understand that a representative of Small Talk Centre for Language Development may  
contact me to provide further service information or to arrange an initial appointment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_