Early Intervention Services (EIS) and York Region Preschool Speech Language Program (YRPSLP) Community Referral Form

Please complete and attach a developmental screening tool appropriate for the child's age. Forward the completed forms to the EIS/YRPSLP intake team by email to EISintake@york.ca or by fax at 905-762-2115.

E.R.I.K. forms are available HERE

CHILD	
Last name	First name
Date of birth (YYYY/MM/DD) / /	Estimated due date (YYYY/MM/DD) / /
Diagnosis (if known):	
Does the child attend child care?	

PARENTS	
Last name	First name
Last name	First name
Address	
City	Postal code
Telephone	Email address
Is Interpretation required? ☐ Yes ☐ No	Language

REFERRED BY	
Last name	First name
Telephone	Fax
Title/agency	Email address

Reason(s) for Referral (Check all that apply)	
☐ Concerns about motor skills	☐ Concerns about language/communication skills
☐ Concerns about social interactions	☐ Unusual or atypical behaviour
☐ Loss of previously demonstrated skills	☐ Autism Sibling Monitoring program (child has a sibling who has a diagnosis or suspicion of Autism)

Referral discussed with the family and consent obtained ☐

PRINT FORM CLEAR FORM