Early Intervention Services and York Region Preschool Speech Language Program Referral Form

Please complete and **ATTACH** a Developmental Screen (E.R.I.K. or Nippissing) for the child (appropriate for his/her age).

FAX completed forms to the EIS/YRPSLP INTAKE TEAM at 905-762-2115

Please see links for access to Developmental Screens: E.R.I.K. Nippissing

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? Not sure	

PARENTS:	
Last Name	First Name
Last Name	First Name
Address	
City	Postal Code
Telephone	

REFERRED BY:	
Last Name	First Name
Telephone	Fax
Title/Agency	

What are your concerns? (Check all that apply)	
☐ Motor Skills	☐ Language Skills
☐ Social Interaction Skills	☐ Unusual Behaviour
☐ Loss of previously demonstrated skills	☐ Preterm Monitoring Transfer

Concerns have been discussed with the family and consent to refer obtained ☐

Community and Health Services
Social Services

www.york.ca

PRINT FORM CLEAR FORM

17-6265