

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

Please complete and attach a Developmental Screen (E.R.I.K. or Looksee Checklist) for the child (appropriate for his/her age). Fax the completed forms to the EIS/YRPSLP intake team at 905-762-2115 or email to ELSintake@york.ca

Please see links for access to Developmental Screens: [E.R.I.K.](#) [Looksee Checklist](#)

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

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

PRINT FORM
CLEAR FORM