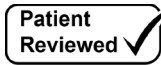


# Community Speech-Language Program Request for Services (Birth to Kindergarten)



<b>Please complete all sections of this form. Incomplete requests might be delayed.</b>			
Date of Request (dd/mm/yyyy):	Child's Personal Health Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	
Child's First Name:		Child's Last Name:	
Preferred name:	Date of Birth (dd/mm/yyyy):	Age:	
Address:	City:	Postal code:	
<input type="checkbox"/> Parent or <input type="checkbox"/> Legal Guardian (name):		<input type="checkbox"/> Parent or <input type="checkbox"/> Legal Guardian (name):	
Primary phone:		Secondary phone:	
Email address:		Home Language:	
Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No		Does family identify as First Nations, Metis, or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for request: Please check all boxes that apply.</b>			
<input type="checkbox"/> Difficult to understand		<input type="checkbox"/> Voice problems (scratchy, raspy, or nasal sounding)	
<input type="checkbox"/> Stutters (repeats sounds and words) for example, ba-ba-ba-balloons; the-the-the car.		<input type="checkbox"/> Child does not understand language or cannot follow directions	
<input type="checkbox"/> Speaks few words for age		<input type="checkbox"/> Behaviour (aggression, tantrums, impulsiveness)	
<input type="checkbox"/> Difficulty forming sentences		<input type="checkbox"/> Other, please describe:	
<input type="checkbox"/> Concerns for autism or developmental delay. Please describe:			
<input type="checkbox"/> Child has been referred for autism assessment: <input type="checkbox"/> Sunny Hill <input type="checkbox"/> Private:			
<b>Additional Comments. Please include any doctors' notes and reports:</b>			
<b>For children living in Delta, Surrey, or Langley:</b> Services might be provided by The Centre for Child Development, Reach Child and Youth Society, Surrey Early Speech & Language Program, or Fraser Health.			
<input type="checkbox"/> Parent or guardian is aware of this request and understands it might be forwarded to other service providers.			
<b>Other services child is currently receiving</b>			
Family Doctor or Nurse Practitioner:		Preschool or Daycare (if applicable):	
Other professionals involved:			
<input type="checkbox"/> <b>Child has been referred for a hearing test (a separate request is required for Audiology Services)</b>			
<b>Who is making the request?</b>			
Name:		Agency (if applicable):	
Phone Number:	Address:	Postal Code:	
Version: A		Date: September 5, 2024	
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# Community Speech-Language Program Request for Services (Birth to Kindergarten) Cont'd

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**Services are based on where the child lives.  
Please fax, mail, or drop off forms to the city they live in:**

**Note:** For children living in Delta, Surrey, or Langley, services might be provided by:

- The Centre for Child Development
- Reach Child and Youth Society
- Surrey Early Speech & Language Program
- Fraser Health

Mailing Address	Phone	Fax
<b>Abbotsford</b> 104 - 34194 Marshall Road, V2S 5E4	604-864-3435	604-864-3410
<b>Burnaby</b> 105 - 4946 Canada Way, V5G 4H7	604-918-7663	604-918-7660
<b>Delta, Langley, Surrey, and White Rock</b> (Central Referral office): 9460 140 St., Surrey, V3V 5Z4	604-587-4273	604-583-5113
<b>Chilliwack</b> 45470 Menholm Road, V2P 1M2	604-702-4944	604-702-4971
<b>Coquitlam</b> (Tri-Cities Children's Centre office – SHARE): 101 - 2312 St. Johns St, Port Moody, V3H 0L7	604-525-9494	604-525-3013
<b>Maple Ridge</b> 400 - 22470 Dewdney Trunk Rd, V2X 5Z6	604-476-7070	604-476-7077
<b>Mission</b> 304 - 32555 London Ave, V2V 6M7	604-814-5500	604-826-0421
<b>New Westminster</b> 236 - 610 Sixth St, V3L 3C2	604-777-6855	604-525-3803
<b>Port Coquitlam and Port Moody</b> 200 - 205 Newport Dr, Port Moody, V3H 5C9	604-949-7213	604-949-7211

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