











A Checklist for a Sound Start

By 9 months of age . . .

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|  My child responds to his/her name | YES | NO |
|  My child babbles and repeats sounds like “bababa, dadada”, and makes sounds back and forth with me | YES | NO |

Number of times you checked ‘NO’

If you answered 'NO' to one or both questions,
please consider a referral to the Nova Scotia Hearing and Speech Centre nearest you.

 My child responds to the phone ringing or a knock at the door	YES	NO
 My child likes playing games like “peek-a-boo” or “patty cake” and lets me know that he/she wants to play again if I stop	YES	NO
 My child will look at pictures with me for a short time	YES	NO
 My child gets what he/she wants by using sounds and gestures (e.g., says “ah, ah” while reaching to be picked up)	YES	NO
 My child understands when I say “no” (he/she usually stops, at least for a moment)	YES	NO
 My child enjoys being around people and playing games like giving objects back and forth	YES	NO

Number of times you checked ‘NO’

If you answered 'NO' to 3 or more questions,
please consider a referral to the Nova Scotia Hearing and Speech Centre nearest you.

How to Make a Referral

A parent/guardian may make a referral to the Nova Scotia Hearing and Speech Centre nearest your community by filling out a referral form or by contacting the nearest centre directly. NSHSC has an open referral policy meaning a doctor's referral is not necessary.

~ These services are available at no cost to Nova Scotia preschool children who have a valid NS Health Card. ~

[Click here](#) to find a centre near you

Toll Free: 1-888-780-3330

 *Pour communiquer avec quelqu'un en français, s.v.p. appelez le (902) 464-5001.*