



Please attach all relevant reports

Please take this form to your Local School for processing, to be forwarded to the Senior Psychologist relevant to your schools area:

Applying for (please circle):

Support Class (EIU) Towradgi PS

Support Class (EIU) Mt Warrigal PS

Support Class (EIU) Bomaderry PS

SUPPORT CLASS (EARLY INTERVENTION) REFERRAL FORM

Child's Name: Date of Birth:

Address: Postcode:

Contact Name: Relationship to Child:

Contact Telephone: (Work) (Home)

Aboriginal or Torres Strait background

Non-English speaking background (NESB)

Referred by: (name and capacity involved with the child eg. Parent, teacher, therapist etc)

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Reason for referral:

.....

Name of existing early childhood service (if any):

Address: Telephone: Contact Person:

Are any other support services involved with this child? (Give details: type of service, agency name, length of involvement)

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Please indicate the preference you have for your child. Where possible, your preference will be considered:

Sessional attendance at the early intervention centre

Resource support in an early childhood setting

Student Name:			DOB:								
SUPPORT DOCUMENTATION - SUMMARY PROFILE - EI (EARLY INTERVENTION)											
Child currently attending program/s: (if applicable)		Monday am		Tuesday am		Wednesday am		Thursday am		Friday am	
		pm		pm		pm		pm		pm	
A. SKILLS	Is able to:	Almost Always	Often	Sometimes	Seldom	Not Yet	Give a brief description of how child functions eg is able to...(if applicable)				
	Follow simple instructions										
	Complete a set task										
	Follow daily routines										
	Sit & attend during group time										
	Stands & walks independently										
	Eat & drink independently										
	Toilet independently										

Enjoy being with other children						
Play with others in a small group						
Communicate with others						
Express needs & wants						
Share with peers						
Attend & respond to stories						
Draw/write with a range of tools						
Help with dressing self						
Understand simple number concepts						
B. Areas for comment	Provide further description in specific domains, if applicable					
<u>Communication</u> - listening, understanding and talking with known adults and / or children						

Participation - playing and joining in activities with other children; behaviour while interacting with adults and other children	
Sensory - over / under sensitive (eg light, sound, taste, behaviours); unusual interests	
Personal Care - personal hygiene, eating and drinking and / or healthcare needs	
Mobility - moving from place to another (inside and outside)	
Safety - running away, self- injurious, threatening behaviours	

This application has been completed with the assistance of:

Name: **Position:**

Contact number: **Email:**

CONSENT OF PARENT OR CAREGIVER

This referral has been discussed with me. I understand that the program may include attendance at sessions or assistance in an early childhood program. The program will be regularly reviewed so that my child's education can continue in the most appropriate location. I also authorise officers of the NSW Department of Education to provide details of my child's disability and referring agency for funding purposes.

.....
Name **Signature**

Date

CONSENT OF PARENT OR CAREGIVER TO OBTAIN OTHER INFORMATION

I authorise officers of the NSW Department of Education to contact medical authorities and other agencies listed for the purpose of sharing information concerning the welfare of my child.

.....
Name **Signature**

Date