Please complete electronically where possible and email to: diagnosis@patches-paediatrics.com.au

**Section 1 –Student Details**

|  |  |
| --- | --- |
| Preferred Name: |  |
| Given Name: |  |
| Surname: |  |
| Gender: |  [ ]  Male |  [ ]  Female |
| Date of Birth: |  |
| Home Address: |  |
| Suburb: |  | Postcode: |  |

**Section 2 – Nominated School**

**2.1 School/Kindy/Day Care Centre:**

|  |  |
| --- | --- |
| Name of Facility: |  |
| Year Level: |  | Usual Teacher: |  |
| Email Address of Teacher: |  |
| Regular Attendee? |  [ ]  Yes |  [ ]  No  |
| If No, Approximate Attendance: |  | % |  |
| **Section 3 – School Performance****3.1 Performance at school compared to peers:**  |
|  |
| **3.2 Current Difficulties/Areas of Concern:** Please indicate your level of concern in each area below (rows a–e) - tick only one level of Concern (columns 1–5). |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Extremely Concerned** | **Very Concerned** | **Moderately Concerned** | **Slightly Concerned** | **Not at all concerned** |
| **Gross & Fine Motor skills:** Eye-Hand Coordination; Holding Pencil/Scissors; Ball Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Please describe difficulties/concerns: |
|  |
|  | **Extremely Concerned** | **Very Concerned** | **Moderately Concerned** | **Slightly Concerned** | **Not at all concerned** |
| **Communication:**Making self understood; Understanding others | [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Please describe any difficulties/concerns and indicate the child’s language skills: |
|

|  |  |
| --- | --- |
| [ ]   | Does not say any words |
| [ ]   | Uses single words only |
| [ ]   | Combines single words to make short phrases, e.g., “I want drink.” |
| [ ]   | Speaks fluently using sentences, e.g. “I went to the shop and bought a lolly.” |

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|  |
| **Learning & Education:**Understanding new ideas; Remembering; Problem solving; Decision making; Paying attention; Undertaking single or multiple tasks; Carrying out daily routine | [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Please describe difficulties/concerns: |
|  |
| **Social Interaction:**Making and keeping friends; behaving in acceptable ways; coping with feelings | [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Please describe difficulties/concerns: |
|  |
| **Sensory Processing:**Unusual sensory interests/difficulties e.g. fascination with light, sensitivity to noise | [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| Please describe difficulties/concerns: |
|  |

**3.3 Developmental Information**

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| --- |
| 1. For children who can speak fluently – Does the child participate in conversations with you? Please give specific examples.
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|  |
| 1. How does the child approach other people to initiate an interaction with them, e.g. do they go up to others and talk to them, or show them something? Please give specific examples.
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|  |
| 1. Does the child appear to be aware of, or interested in other people’s feelings, e.g. will they give a person a hug if they’re crying? Please give specific examples.
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|  |
| 1. Does the child use gestures to communicate, e.g. pointing, waving hello/goodbye, nodding/shaking his/her head? Please give specific examples.
 |
|  |
| 1. Does the child use facial expressions to show you how they are feeling? Please give specific examples.
 |
|  |
| 1. Does the child look at people when they are talking, listening or playing with them? Please give specific examples
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|  |
| 1. Does the child show interest in other children, e.g. by watching them, imitating their actions, talking to you about them, playing with them? Please give specific examples.
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|  |
| 1. Does the child seem to have a preference playing on their own rather than with others, e.g. do they push you away if you try to join in their play? Please give specific examples.
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|  |
| 1. Does the child appear to have friendships that are appropriate for their age, or friendships that are similar to those of their same aged peers? Please give specific examples.
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|  |
| 1. Does the child regularly repeat words, phrases or sentences exactly as he/she has heard in the past, in a way that is different to his/her typically developing peers? Please give specific examples.
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|  |
| 1. Does the child regularly demonstrate any unusual movements, e.g. flapping their hands, flicking their fingers or walking on their toes? Please give specific examples.
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|  |
| 1. Does the child have any special routines or things that he/she likes to do in a particular order? Please give specific examples.
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|  |
| 1. How does the child cope if his/her activities are interrupted? Please give specific examples.
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|  |
| 1. Does the child have a strong interest in a particular object, topic, or activity? Please give specific examples.
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|  |
| 1. Does the child appear to have any unusual sensory interests or sensitivities, e.g. smelling or licking particular objects or surfaces, putting his/her hands over the ears in response to loud noises, appearing to dislike touch? Please give specific examples.
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|  |

**3.4 Additional Feedback:**

1. Do you have any additional concerns regarding this child’s development/health that have not been recorded in the tables above e.g. concerns about food selectivity, poor sleep, other identified disabilities? (Please specify)

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I hereby confirm that the information provided on this referral is accurate and true to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **School:**  |  |
| **Name:** |  | **Signed:** |  |