

Child's name:		DOB:		M/F:	
Parent Guardians name:					
Parent Guardians name:					
Address:		Ph:			
Postcode:		Cell:			
		Email:			
Early Childhood Centre/ School attending:					
Address:					
Ph:					
Contact person:					
Days attending:					
Times attending:					
Name of referrer:			Role:		
Organisation:					
Facility Address:			Ph:		
			Email:		
Immediate areas of concern:					
Environment Please circle	Relationships Please circle	Behaviour Please circle	Communication Please circle	Development Please circle	
ECE setting	Peers	Social	language	Physical	
School	Parents	Withdrawn	Articulation/sounds	Self-care	
Home	Siblings	Challenging	Fluency/stuttering	Cognitive	
Community	Educators/Teachers		Voice	Play skills	
Other	Other adults		Interaction Skills		

Health Information:	
Child's GP:	
Child's Paediatrician:	
Vision Check Completed:	
Hearing Check Completed:	
Current Medication:	
Does the child have a current Diagnosis? Yes/No	Diagnosis:
Parent Concerns: <i>Please describe in more detail</i>	
What impact (if any) are the concerns having on your child's emotional wellbeing at home?	
If your child is showing signs of distress or anxiety how often does this happen at home? (eg daily, weekly, occasionally)	
What strategies have you tried? <i>Please describe.</i>	
What impact (if any) are the concerns having on your child's ability to participate in family life (routines and activities)?	
What impact (if any) are the concerns having on the child's ability to participate in their early childhood centre programme and/or School?	

Others involved:

- Child, Youth and Family Services (CYFs)
- Physiotherapist
- Occupational Therapist
- Speech Therapist
- Pediatrician
- Social Worker
- Other Agencies, e.g. Anglicare; FACC; CQID; IFS Services; Red Cross; Centacare; CofC
- ECDP
- Family Mental Health Service
- Other

Currently Progressive Connections is only able to work with clients that are either (please circle)

Self-Funding

Self-Managing NDIS Plan

Plan Managed

Does the Child have an NDIS Plan?

Yes/No

NDIS Plan Number:

Is a copy of the child's plan attached?

Yes/No

Name of Plan Manager:

Contact Details;

Have the parents consented to this referral? Yes/No

I have read this referral information and agree to this referral being made to Progressive Connections, Early Childhood Intervention Service.

Signed:

(Parent Guardian)

Witness:

(Referrer)

Dated:

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Please return the completed form to:

Email: info@progressiveconnections.com.au

Ph: 07 4148 6910



Additional Information: