

**CHILD DEVELOPMENT SERVICE TAIRAWHITI
TARI WHANAKITANGA TAMARIKI**
Referral to Child Development Service for School Aged Children

Dear Parent,

Your child's teacher is completing this comprehensive referral for us as they have concerns about one or more aspects of their learning and development. They believe they are struggling to make the progress expected and would like us to see them to explore what could be the reason for these challenges and to make recommendations to help them with their learning. We will ask to meet with you to ask for their developmental history, home functioning and your impressions as well as see them at school and conduct an assessment. We need your consent to see them. Nothing will be shared until we have provided feedback to you and have agreed to share the outcome.

PLEASE SCAN AND EMAIL THIS FORM TO referralcds@tdh.org.nz OR POST TO TEAM LEADER – CHILD DEVELOPMENT SERVICE

<i>Students Name:</i>			
<i>Date of Birth:</i>		<i>School:</i>	
<i>Phone:</i>		<i>Phone:</i>	
<i>Address:</i>		<i>Teacher:</i>	
		<i>Class:</i>	
<i>Carers Names:</i>		<i>Referred by:</i>	
<i>Email:</i>		<i>Email:</i>	
<i>Male/Female</i>		<i>Completed by:</i>	
<i>GP:</i>		<i>Date:</i>	

How long have you known this student:

Reason for Referral:

Please describe the child's strengths:

Performance Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect an ongoing pattern of their performance	Excellent	Above average	Average	Somewhat of a problem	Problematic
Reading: <i>(Summary of achievement, level and concerns)</i>	1	2	3	4	5
Mathematics: <i>(Summary of achievement, level and concerns)</i>	1	2	3	4	5
Handwriting: <i>(Summary of achievement and concerns)</i>	1	2	3	4	5
Relationship with Peers: <i>(Summary and concerns)</i>	1	2	3	4	5
Disrupting Class: <i>(problematic behaviours that affect others or affect child's learning)</i>	1	2	3	4	5
Assignment/Task Completion: <i>(Ability to work independently and remain on task)</i>	1	2	3	4	5
Organisational Skills: <i>(Being ready for learning, care of belongings and use of free time)</i>	1	2	3	4	5
Self Help Skills: <i>(eg dressing, managing lunch, problem solving, maturity)</i>	1	2	3	4	5

Performance Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect an ongoing pattern of their performance	Excellent	Above average	Average	Somewhat of a problem	Problematic
Gross and Fine Motor Skills: <i>(coordination and handwriting skills)</i>	1	2	3	4	5
Language and communication Skills: <i>(ability and concerns, expressive and receptive language ability and how they communicate/interact with others)</i>	1	2	3	4	5
Sensory Processing: <i>(ie sensitivities or under responsiveness to sensory input)</i>	1	2	3	4	5
Health and Wellbeing: <i>(eg vision, hearing, illness, mood, anxiety, emotional regulation, exposure to trauma etc)</i>	1	2	3	4	5

CONSIDERATIONS – PLEASE COMMENT

- Is attendance an issue that may explain delays in learning in itself? *If yes, please follow up what support is needed for improved attendance.*
- Is there a mismatch between the child’s subjective ability vs their performance? Is screening for Specific Learning Disorders such as Dyslexia indicated? *If yes, please follow up with RTLB.*
- Are there concerns that there is an underlying disorder of social and communication skills such as Autism Spectrum Disorder? *If yes, what are the concerns?*
- Is there concern the child is struggling with impulsivity, ability to sustain attention, not be distracted, ability to sit as long as others? *If yes, please have whānau follow up with their GP.*
- What support and adaptations have been put into place to support this student in the interim? *E.g., Teacher Aide, other services etc.*

I give consent for School to provide this information regarding my child to the Child Development Service, Te Whatu Ora Tairāwhiti, Gisborne Hospital.

Signed:

Date: