

➤ **Please ensure Referee and Parent/carer have signed this form** ◀

EARLY INTERVENTION REFERRAL FORM

CONSENT OF PARENT/CARER FOR REFERRAL TO SILVERLEA EARLY CHILDHOOD SERVICES

This referral of my child _____ (name of child) for access to Early Intervention Support from Silverlea Early Childhood Services Inc has been discussed with me. I understand that Silverlea Early Childhood Services Inc will conduct regular reviews so that support for my child can continue in the most appropriate location.

Name:	Signature:	Date: / /
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Child's Name:		Date of Birth: / /
Address:		Post Code:
Parent/Carer's Name:		Relationship to Child:
Telephone # (Home #):	(Mobile #):	(Work #):
<input type="checkbox"/> Aboriginal or Torres Strait Background	<input type="checkbox"/> Non-English Speaking Background (NESB)	

REFERRAL DETAILS (Referee to complete)

Name of Referee:		Signature:
Profession:	Telephone:	Referral Date: / /
Reason for Referral:		

CONSENT OF PARENT/CARER TO OBTAIN OTHER INFORMATION

I _____ (parent/carer name) authorise Silverlea Early Childhood Services Inc to contact the medical authorities and other agencies listed on referral form and below for the purpose of sharing information concerning the welfare of my child.

Name:	Signature:	Date: / /
Name of Organisation:	Telephone:	
Name of Organisation:	Telephone:	
Name of Organisation:	Telephone:	
Name of Organisation:	Telephone:	
Name of Organisation:	Telephone:	

➤ **Please ensure Parent/carer has signed this form** ◀

ASSESSMENT DETAILS (Referee to complete)
Have any Assessments been conducted? YES / NO
<input type="checkbox"/> Paediatric <input type="checkbox"/> Speech Pathology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Hearing Test
Does the child have a diagnosis? YES / NO Diagnosis: _____ ➤ Please ensure diagnosis is written on supporting SIGNED documentation/assessment reports
<input type="checkbox"/> Copies of supporting documentation / Assessment Reports have been attached with parental/carer permission

Returning this form

When completed, this form can be returned by mail, in person or via email:

Silverlea Early Childhood Services Inc
PO Box 984
158 Rakow Street
BROKEN HILL NSW 2880

Or via email: silverlea@earlychildhoodservice.com

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Office Use Only

Date Received: __/__/__

Date Assessment Process Completed: __/__/__

Director's Recommendations [session attendance, resource support, waiting list, no diagnosis), therapy, other]
