

Section 1: Student details

Preferred name

Given name

Surname

Gender

 Male Female

Date of birth

Home address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode:

Suburb

Section 2 – Nominated School

2.1 School/Kindy/Day Care Centre

Name of Facility

Year level

Usual teacher

Email address or teacher

Regular Attendee?
(80% or more) Yes NoIf No, approximate
attendance % %

Section 3 – School Performance

3.1 Performance at school compared to peers

Please specify

3.2 Current Difficulties / Areas of Concern

Please indicate your level of concern in each life area below (rows a–e); tick only one level of Concern (columns 1–5)

	1. Extremely Concerned	2. Very Concerned	3. Moderately Concerned	4. Slightly Concerned	5. Not at all concerned
a. Gross & Fine Motor skills: Eye-Hand Coordination; Holding Pencil/Scissors; Ball Skills Please describe difficulties / concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>					
b. Communication: Making self understood; Understanding others Please tick if relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Does not say any words <input type="checkbox"/> Uses single words only <input type="checkbox"/> Combines single words to make short phrases, e.g., "I want drink." <input type="checkbox"/> Speaks fluently using sentences, e.g. "I went to the shop and bought a lolly." </div>					
Please describe any difficulties / concerns and indicate your child's language skills:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>				
c. Learning & Education: Understanding new ideas; Remembering; Problem solving; Decision making; Paying attention; Undertaking single or multiple tasks; Carrying out daily routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe difficulties / concerns:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>				
d. Social Interaction: Making and keeping friends; behaving in acceptable ways; coping with feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe difficulties / concerns:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>				

3.2 Current Difficulties/Areas of Concern – Continued

Please indicate your level of concern in each life area below (rows a–e); tick only one level of Concern (columns 1–5)

	1. Extremely Concerned	2. Very Concerned	3. Moderately Concerned	4. Slightly Concerned	5. Not at all Concerned
e. Sensory Processing:: Unusual sensory interests/ difficulties e.g. fascination with light, sensitivity to noise Please describe difficulties /concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3 Developmental Information

a. For children who can speak fluently. Does your student participate in conversations with you? Please give specific examples.	
b. How does your student 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.	
c. Does your student 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.	
d. Does your student use gestures to communicate? e.g. pointing, waving hello/goodbye, nodding/shaking his/her head? Please give specific examples.	

3.3 Developmental Information – Continued

e. **Does your student use facial expressions to show you how they are feeling?**

Please give specific examples.

f. **Does your student look at people when they are talking, listening or playing with them?**

Please give specific examples.

g. **Does your student 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.

h. **Does your student 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.

i. **Does your student 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.

j. **Does your student 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.

k. **Does your student regularly demonstrate any unusual movements?** e.g. flapping their hands, flicking their fingers or walking on their toes?

Please give specific examples.

3.3 Developmental Information – Continued

l. Does your student have any special routines or things that he/she likes to do in a particular order?

Please give specific examples.

m. How does your student cope if his/her activities are interrupted?

Please give specific examples.

n. Does your student have a strong interest in a particular object, topic, or activity?

Please give specific examples.

o. Does your student 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.

3.4 Additional Feedback

a. Do you have any additional concerns regarding your student'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)

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

School

Date

Name

Signature

Send the signed and completed form to:

WA Email: diagnosis@patches.com.au
Fax: 08 6208 3202

NT Email: ntdiagnosis@patches.com.au
Fax: 08 6208 3202