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Service Providers Referral Form

The Aboriginal Children's Therapy Team (ACTT) is a free service for children of Aboriginal and Torres Strait Islander descent, aged up to 8 years of age, who live in Dubbo. ACTT offers Speech Pathology, Occupational Therapy, and Psychology services in addition to Aboriginal Community & Therapy Support Workers

CLIENT'S DETAILS

Name: _____

Date of Birth: _____ Sex: M F

Address: _____

Client attends: Day care Preschool School at _____

PARENT/ CARER DETAILS

Name: _____ Relationship to child: _____

Address: _____

Phone: *mobile* _____ *home* _____ *work* _____

email: _____

Please name any other carers

Name: _____ Relationship to child: _____

Address: _____

Phone: *mobile* _____ *home* _____ *work* _____

REFERRER'S DETAILS

Name of person completing form: _____ Date: _____

Organisation or Service provider: _____

Phone: _____ Email: _____

WHAT SERVICE DOES THE CLIENT REQUIRE?

Speech Pathology Psychology Occupational Therapy

REASONS FOR REFERRAL

PARENT/ CARER CONSENT

Has the parent/ carer of the child consented to this referral? No Yes – If Yes, how?

Verbally – by phone In Person – Parent/ carer signature _____



Speech Pathology Referral Form

Referral Reasons - Please tick all relevant boxes under the child's age range.

Area of Difficulty	Infant (0-2 years)	Preschool (3-5 years)	School (6-8 years)
Feeding/ Oral Motor	<input type="checkbox"/> Has difficulty with breast/ bottle feeding <input type="checkbox"/> Has difficulty drinking out of a cup <input type="checkbox"/> Sometimes chokes or gags during/after eating <input type="checkbox"/> Has difficulty transitioning to new textures <input type="checkbox"/> Food sometimes comes out nose	<input type="checkbox"/> Sometimes chokes or gags during/after eating <input type="checkbox"/> Has difficulty chewing some foods <input type="checkbox"/> Food sometimes comes out nose <input type="checkbox"/> Dribbles/drools during day	<input type="checkbox"/> Sometimes chokes or gags during/after eating <input type="checkbox"/> Has difficulty chewing some foods <input type="checkbox"/> Food sometimes comes out nose <input type="checkbox"/> Dribbles/drools during day
Articulation (Speech Sounds)	<input type="checkbox"/> Can't say any of the following sounds; 'p, b, m, n, t, d, w' <input type="checkbox"/> No variety in sounds made <input type="checkbox"/> Extremely difficult to understand	<input type="checkbox"/> Can't say any of the following sounds: 'p, b, m, n, t, d, w, k, g, f, l, sh, s, z, ch, j' <input type="checkbox"/> Is difficult to understand <input type="checkbox"/> Leaves out sounds in words e.g. 'fi_' for 'fish' <input type="checkbox"/> Mispronounces words e.g. 'tat' for cat <input type="checkbox"/> Has slurry or slushy speech	<input type="checkbox"/> Is difficult to understand <input type="checkbox"/> Leaves out sounds in words e.g. 'fi_' for 'fish' <input type="checkbox"/> Mispronounces words e.g. 'tat' for cat <input type="checkbox"/> Has slurry or slushy speech <input type="checkbox"/> Gets teased by others about his/her speech <input type="checkbox"/> Gets frustrated when not understood
Receptive Language (understanding)	<input type="checkbox"/> Doesn't respond to his/her name when called <input type="checkbox"/> Doesn't respond to simple commands e.g. 'stop', 'wait', 'go' <input type="checkbox"/> Can't locate familiar objects or people e.g. 'where is dad?' or 'find the ball'	<input type="checkbox"/> Forgets instructions or follows them incorrectly <input type="checkbox"/> Does tasks in the wrong order <input type="checkbox"/> Watches other children complete tasks before having a go on his/her own <input type="checkbox"/> Doesn't understand concepts e.g. big/little at expected age level	<input type="checkbox"/> Watches other children complete tasks before having a go on his/her own <input type="checkbox"/> Forgets instructions or follows them incorrectly <input type="checkbox"/> Does tasks in the wrong order <input type="checkbox"/> Can't answer questions about abstract topics/ events (that aren't in the here & now)

Area of Difficulty	Infant (0-2 years)	Preschool (3-5 years)	School (6-8 years)
Expressive Language (talking)	<input type="checkbox"/> Isn't/didn't coo/babble <input type="checkbox"/> Uses few if any words <input type="checkbox"/> Can't put two words together in a sentence <input type="checkbox"/> Doesn't imitate words said by familiar adults	<input type="checkbox"/> Uses limited words/short (1-3 word) sentences <input type="checkbox"/> Uses immature grammar for age e.g. "me go home" <input type="checkbox"/> Uses words in the wrong order <input type="checkbox"/> Can't name simple objects (limited vocabulary) <input type="checkbox"/> Has trouble thinking of words	<input type="checkbox"/> Only uses short sentences <input type="checkbox"/> Uses immature grammar for age <input type="checkbox"/> Uses words in the wrong order <input type="checkbox"/> Can't name simple objects (limited vocabulary) <input type="checkbox"/> Has trouble thinking of words <input type="checkbox"/> Has trouble telling stories
Stuttering	<input type="checkbox"/> Repeats sounds/words/phrases e.g. 'd,d,dog' <input type="checkbox"/> Prolongs sounds in words e.g. 'aaaaand' <input type="checkbox"/> Appears to get 'stuck' on words while talking	<input type="checkbox"/> Repeats sounds/words/phrases e.g. 'd,d,dog' <input type="checkbox"/> Prolongs sounds in words e.g. 'aaaaand' <input type="checkbox"/> Appears to get 'stuck' on words while talking	<input type="checkbox"/> Repeats sounds/words/phrases e.g. 'd,d,dog' <input type="checkbox"/> Prolongs sounds in words e.g. 'aaaaand' <input type="checkbox"/> Appears to get 'stuck' on words while talking
Voice	<input type="checkbox"/> Has husky or hoarse voice <input type="checkbox"/> Sometimes loses his/her voice <input type="checkbox"/> Sounds as if he/she has a cold <input type="checkbox"/> Sounds nasal	<input type="checkbox"/> Has husky or hoarse voice <input type="checkbox"/> Sometimes loses his/her voice <input type="checkbox"/> Sounds as if he/she has a cold <input type="checkbox"/> Sounds nasal	<input type="checkbox"/> Has husky or hoarse voice <input type="checkbox"/> Sometimes loses his/her voice <input type="checkbox"/> Sounds as if he/she has a cold <input type="checkbox"/> Sounds nasal
Phonological Awareness (literacy)	N/A	N/A	<input type="checkbox"/> Has difficulty with pre-reading activities e.g. rhyming, sound/letter awareness <input type="checkbox"/> Has difficulty keeping up with literacy skills being taught in class.



Occupational Therapy Referral Form

Occupational Therapists work with children and adults, who have difficulties with everyday activities. The Occupational Therapist with the ACTT program focuses on developing a child's abilities to perform activities in the areas of school and play (productivity), leisure, and self-care. For babies and infants, Occupational Therapists look at the early development of these areas, primarily in play and movement.

Referral Reasons - Please tick all relevant boxes under the child's age range.

AREA OF DIFFICULTY	INFANT (0-2 YEARS)	PRESCHOOL (3-5 YEARS)	SCHOOL (6-8 YEARS)
SELF CARE (e.g. feeding, toileting.)	<input type="checkbox"/> Has difficulty managing finger foods	<input type="checkbox"/> Difficulty using fork/spoon	<input type="checkbox"/> Difficulty using fork/spoon/knife
	<input type="checkbox"/> Fussy/picky eating	<input type="checkbox"/> Fussy/picky eating	<input type="checkbox"/> Fussy/picky eating
	<input type="checkbox"/> Has difficulty managing a cup	<input type="checkbox"/> Difficulty dressing his/herself	<input type="checkbox"/> Difficulty dressing or undressing his/herself
	<input type="checkbox"/> Has difficulty learning to use a spoon or fork	<input type="checkbox"/> Difficulty un-dressing his/herself	<input type="checkbox"/> Difficulty tying shoelaces
	<input type="checkbox"/> Difficulty transitioning to new textures	<input type="checkbox"/> Difficulty managing buttons/zippers	<input type="checkbox"/> Difficulty brushing hair/teeth
		<input type="checkbox"/> Difficulty brushing hair/teeth	<input type="checkbox"/> Difficulty showering or bathing his/herself
		<input type="checkbox"/> Yet to achieve bladder/bowel control	<input type="checkbox"/> Difficulties with toileting
GROSS MOTOR	<input type="checkbox"/> Difficulty with or late in achieving motor milestones (e.g. rolling, sitting, crawling, walking)	<input type="checkbox"/> Difficulty with ball skills (throw/catch/kick)	<input type="checkbox"/> Difficulty with ball skills ((throw/catch/kick)
	<input type="checkbox"/> Difficulty with balance or co-ordination	<input type="checkbox"/> Difficulty with balance (e.g. standing on one leg, hopping, jumping)	<input type="checkbox"/> Difficulty with balance (e.g. standing on one leg, hopping, jumping)
		<input type="checkbox"/> Difficulty with co-ordination (e.g. skipping, riding a bike, running, climbing)	<input type="checkbox"/> Difficulty with co-ordination (e.g. skipping, riding a bike, running, swimming)
		<input type="checkbox"/> Tires easily	<input type="checkbox"/> Tires easily
FINE MOTOR	<input type="checkbox"/> Difficulty grasping and releasing objects	<input type="checkbox"/> Difficulty with pencil skills (e.g. pencil grasp, drawing, colouring)	<input type="checkbox"/> Difficulty with pencil skills (e.g. pencil grasp, drawing, colouring)
	<input type="checkbox"/> Visual tracking	<input type="checkbox"/> Difficulty with copying shapes (e.g. lines, circle, square etc)	<input type="checkbox"/> Difficulty with handwriting (e.g. letter formation, reversals, placing letters correctly on the line, copying from the board)
	<input type="checkbox"/> Difficulty using a pincer-grasp	<input type="checkbox"/> Hand pain or fatigue	<input type="checkbox"/> Hand pain or fatigue
	<input type="checkbox"/> Difficulty using two hands	<input type="checkbox"/> Difficulty with scissor skills	<input type="checkbox"/> Difficulty with scissor skills
		<input type="checkbox"/> Difficulty co-ordinating finger/hand movements	<input type="checkbox"/> Difficulty co-ordinating finger/hand movements
		<input type="checkbox"/> Difficulty using two hands (e.g. threading, building a tower)	<input type="checkbox"/> Difficulty using two hands (e.g. stabilising the page when writing)
		<input type="checkbox"/> Difficulty grasping and releasing objects	

AREA OF DIFFICULTY	INFANT (0-2 YEARS)	PRESCHOOL (3-5 YEARS)	SCHOOL (6-8 YEARS)
SENSORY	<input type="checkbox"/> Particular food preferences (e.g. strong preference for particular textures, temperatures, food qualities - crunchy/soft foods) <input type="checkbox"/> The child's responses to sensory stimuli (sound, touch, taste, movement, visual, smell) are either over or under-responsive. This includes either a dislike or a preference for the sensory stimuli. (e.g. dislikes certain textured clothing)	<input type="checkbox"/> Particular food preferences (e.g. strong preference for particular textures, temperatures, food qualities - crunchy/soft foods) <input type="checkbox"/> The child's responses to sensory stimuli (sound, touch, taste, movement, visual, smell) are either over or under-responsive. This includes either a dislike or a preference for the sensory stimuli. (e.g. dislikes certain textured clothing)	<input type="checkbox"/> Particular food preferences (e.g. strong preference for particular textures, temperatures, food qualities - crunchy/soft foods) <input type="checkbox"/> The child's responses to sensory stimuli (sound, touch, taste, movement, visual, smell) are either over or under-responsive. This includes either a dislike or a preference for the sensory stimuli. (e.g. dislikes certain textured clothing)
SOCIAL/PLAY	<input type="checkbox"/> Difficulty with eye contact <input type="checkbox"/> Does not smile in response to familiar face/voice <input type="checkbox"/> Difficulty with play skills	<input type="checkbox"/> Difficulty playing games with rules <input type="checkbox"/> Difficulty taking turns in structured games with peers <input type="checkbox"/> Difficulty maintaining eye contact <input type="checkbox"/> Difficulty with imaginative play <input type="checkbox"/> Difficulty transitioning between tasks <input type="checkbox"/> Difficulty with sharing <input type="checkbox"/> Difficulty with attention/concentration	<input type="checkbox"/> Difficulty with friendships (making/ keeping friends) <input type="checkbox"/> Difficulty maintaining eye contact <input type="checkbox"/> Difficulty playing games with rules <input type="checkbox"/> Difficulty transitioning between tasks <input type="checkbox"/> Difficulty with sharing <input type="checkbox"/> Difficulty taking turns in structured games with peers <input type="checkbox"/> Difficulty with attention/concentration
EQUIPMENT NEEDS	<input type="checkbox"/> Modifications to home <input type="checkbox"/> Assessment for specialised equipment (e.g. positioning)	<input type="checkbox"/> Modifications to school/home <input type="checkbox"/> Assessment for specialised equipment (e.g. positioning, wheelchair)	<input type="checkbox"/> Modifications to school/home <input type="checkbox"/> Assessment for specialised equipment (e.g. positioning, wheelchair)



Psychology Referral Form

Psychology services at ACTT are available for parents wanting to improve parent child relationships, and other concerns with their children such as anxiety behaviour, play and social skills. ACTT outsource Psychology services to Rawson Psychologists & Consultants.

Description of the child's behaviour / your concerns:

Where does it occur and when did the behaviour start?

Any known cause of the behaviour?

Any relevant family history (e.g. drug and alcohol use, mental illness, domestic violence, grief and loss, separation):

Description of your services ongoing involvement with the family:

Any other relevant information?