

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 Health Worker support.

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

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



# 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)
<b>SELF CARE (e.g. feeding, toileting.)</b>	<ul style="list-style-type: none"> <li>Has difficulty managing finger foods</li> <li>Fussy/picky eating</li> <li>Has difficulty managing a cup</li> <li>Has difficulty learning to use a spoon or fork</li> <li>Difficulty transitioning to new textures</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty using fork/spoon</li> <li>Fussy/picky eating</li> <li>Difficulty dressing his/herself</li> <li>Difficulty un-dressing his/herself</li> <li>Difficulty managing buttons/zippers</li> <li>Difficulty brushing hair/teeth</li> <li>Yet to achieve bladder/bowel control</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty using fork/spoon/knife</li> <li>Fussy/picky eating</li> <li>Difficulty dressing or un-dressing his/herself</li> <li>Difficulty tying shoelaces</li> <li>Difficulty brushing hair/teeth</li> <li>Difficulty showering or bathing his/herself</li> <li>Difficulties with toileting</li> </ul>
<b>GROSS MOTOR</b>	<ul style="list-style-type: none"> <li>Difficulty with or late in achieving motor milestones (e.g. rolling, sitting, crawling, walking)</li> <li>Difficulty with balance or co-ordination</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty with ball skills (throw/catch/kick)</li> <li>Difficulty with balance (e.g. standing on one leg, hopping, jumping)</li> <li>Difficulty with co-ordination (e.g. skipping, riding a bike, running, climbing)</li> <li>Tires easily</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty with ball skills ((throw/catch/kick)</li> <li>Difficulty with balance (e.g. standing on one leg, hopping, jumping)</li> <li>Difficulty with co-ordination (e.g. skipping, riding a bike, running, swimming)</li> <li>Tires easily</li> </ul>
<b>FINE MOTOR</b>	<ul style="list-style-type: none"> <li>Difficulty grasping and releasing objects</li> <li>Visual tracking</li> <li>Difficulty using a pincer grasp</li> <li>Difficulty using two hands</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty with pencil skills (e.g. pencil grasp, drawing, colouring)</li> <li>Difficulty with copying shapes (e.g. lines, circle, square etc)</li> <li>Hand pain or fatigue</li> <li>Difficulty with scissor skills</li> <li>Difficulty co-ordinating finger/hand movements</li> <li>Difficulty using two hands (e.g. threading, building a tower)</li> <li>Difficulty grasping and releasing objects</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty with pencil skills (e.g. pencil grasp, drawing, colouring)</li> <li>Difficulty with handwriting (e.g. letter formation, reversals, placing letters correctly on the line, copying from the board)</li> <li>Hand pain or fatigue</li> <li>Difficulty with scissor skills</li> <li>Difficulty co-ordinating finger/hand movements</li> <li>Difficulty using two hands (e.g. stabilising the page when writing)</li> </ul>

AREA OF DIFFICULTY	INFANT (0-2 YEARS)	PRESCHOOL (3-5 YEARS)	SCHOOL (6-8 YEARS)
<b>SENSORY</b>	<p>Particular food preferences (e.g. strong preference for particular textures, temperatures, food qualities - crunchy/soft foods)</p> <p>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)</p>	<p>Particular food preferences (e.g. strong preference for particular textures, temperatures, food qualities - crunchy/soft foods)</p> <p>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)</p>	<p>Particular food preferences (e.g. strong preference for particular textures, temperatures, food qualities - crunchy/soft foods)</p> <p>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)</p>
<b>SOCIAL/PLAY</b>	<p>Difficulty with eye contact</p> <p>Does not smile in response to familiar face/voice</p> <p>Difficulty with play skills</p>	<p>Difficulty playing games with rules</p> <p>Difficulty taking turns in structured games with peers</p> <p>Difficulty maintaining eye contact</p> <p>Difficulty with imaginative play</p> <p>Difficulty transitioning between tasks</p> <p>Difficulty with sharing</p> <p>Difficulty with attention/concentration</p>	<p>Difficulty with friendships (making/ keeping friends)</p> <p>Difficulty maintaining eye contact</p> <p>Difficulty playing games with rules</p> <p>Difficulty transitioning between tasks</p> <p>Difficulty with sharing</p> <p>Difficulty taking turns in structured games with peers</p> <p>Difficulty with attention/concentration</p>
<b>EQUIPMENT NEEDS</b>	<p>Modifications to home</p> <p>Assessment for specialised equipment (e.g. positioning)</p>	<p>Modifications to school/home</p> <p>Assessment for specialised equipment (e.g. positioning, wheelchair)</p>	<p>Modifications to school/home</p> <p>Assessment for specialised equipment (e.g. positioning, wheelchair)</p>



# 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 Tanya Forster from Macquarie Health Collective.

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?