

Patient Label

Name \_\_\_\_\_

NHI \_\_\_\_\_ DOB \_\_\_\_\_  
dd/mm/yy

Address \_\_\_\_\_

## Child Development Centre Preschool referral

If your reason for referral falls into one of the below and there are no additional developmental concerns, please refer to the agencies listed below:

Concern	Agency or point of referral
Suspected or Diagnosed Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)  For example inability to stay on task, difficulty sitting still, unable to maintain attention or concentrate.	Paediatric Medicine, Te Whatu Ora Waikato
Soiling or wetting problems	Paediatric Medicine, Te Whatu Ora Waikato
Mild behaviour problems	Parent education programmes such as Incredible Years  Early Intervention provider such as Ministry of Education
Severe behaviour problems, moderate to severe anxiety, attachment and risk of harm to self and others	<b>Ngaa Ringa Awhina</b> Waikato District, Matamata/Piako, Hamilton City, half of Waipa District including Cambridge  <b>Hauraki Cluster</b> Thames – Coromandel District, Hauraki District  <b>Southern Cluster</b> Half of Waipa District including Te Awamutu, Otorohanga District, South Waikato District, Waitomo District, Ruapehu District
Speech and language concerns (Isolated)	Ministry of Education or Private Speech Language Therapist
Sensory processing difficulties (Isolated)	Private Occupational Therapists

If there are concerns that this child has a developmental disability, a referral to an Early Intervention Provider should also be considered: (these can be made by teachers and parents). These include; Ministry of Education, Conductive Education or McKenzie Centre.

Date of referral \_\_\_\_\_ NHI \_\_\_\_\_  
da/mm/yy

Child/Tamariki Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of birth \_\_\_\_\_  
da/mm/yy

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Iwi \_\_\_\_\_ Interpreter required  Yes  No

Language \_\_\_\_\_

Name \_\_\_\_\_

NHI \_\_\_\_\_ DOB \_\_\_\_\_

dd/mm/yy

Address \_\_\_\_\_

## Child Development Centre Preschool referral

Name of parent(s) / Caregiver(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please state your main concern and reason for referral?

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Does the child have a pre-existing developmental disability? – Yes / No

If you have responded yes, please provide details

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Does the child have hearing and/or vision concerns? – Yes / No

If you have responded no, please continue.

### Primary referral concern (multi select)

- Difficulties with speech, language and/or communication
- Difficulties in social interaction
- Displays rigid and repetitive behaviours
- Delays across multiple areas of development
- Delays in fine and gross motor skills
- Chromosomal abnormality/genetic disorder
- Plagiocephaly/ Torticollis (Skip to parent consent at end of form)
- Feeding and Swallowing difficulties (Skip to parent consent at end of form)
- Other – please describe

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Family history of developmental disability if known – relationship and diagnosis

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## Child Development Centre Preschool referral

### Gross motor function (Tick all that the child can currently do independently and the age this skill was achieved if known)

- Sitting \_\_\_\_\_
- Crawling \_\_\_\_\_
- Standing \_\_\_\_\_
- Walking \_\_\_\_\_
- Squatting \_\_\_\_\_
- Jumps with two feet \_\_\_\_\_
- Catches and throws medium sized ball \_\_\_\_\_

Do you have concerns about the child's gross motor function skills? – Yes / No

If yes please give examples:

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### Communication and language function (Tick all that the child can currently do independently)

- Waves goodbye
- Points to body parts
- Looks when talked to
- Turns when name is called
- Uses other gestures to communicate
- Able to name one body part
- Speaks single words
- Combines two words
- Speaks in a sentences of 5 or more words
- Asks who, what, why questions
- Participates in a to and fro conversation
- Speech is understood by others

Do you have concerns about the child's communication and language skills? – Yes / No

If yes please give examples:

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## Child Development Centre Preschool referral

### Self-Care and Developmental Skills (Tick all that are applicable)

- Scribbles with a crayon
- Uses a spoon
- Helps with dressing
- Fully toilet trained during the day
- Can write their name
- Dresses independently

Do you have concerns about the child's self-care and development? – Yes / No

If yes please give examples:

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### Social, behaviour and play skills (Tick all that are applicable)

- Has a need for rigid routines
- Has sensory sensitivities
- Displays mannerisms or odd ways of moving his or her hands or fingers such as flapping
- Has a limited range of interests or has set fixations
- Afraid to try new things
- Has at least one good friend
- Engages in creative or pretend play
- Directs others attention to items of interest
- Prefers to play alone
- Plays alongside others
- Plays cooperatively and interactively with others

Do you have concerns about the child's social, behaviour and play skills? – Yes / No

If yes please give examples:

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For toddlers aged between 16 and 36 months who may benefit from a more thorough development and autism spectrum disorder evaluation, consider the Modified Checklist for Autism in Toddlers (MCHAT) for screening.

Any other comments:

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## Child Development Centre Preschool referral

### For parents / caregivers to complete:

I understand why my child is being referred and consent to this referral  Yes  No

I am the legal guardian of this child  Yes  No

If no, please provide contact details of legal guardian:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

dd/mm/yy

Please be aware that we will redirect this referral to other services within the Te Whatu Ora Waikato, or to associated Te Whatu Ora Waikato services if we feel another service is better able to meet your child's needs. If the appropriate service for this is referral not a Te Whatu Ora service, we will decline with a recommendation for alternative support.

Referrer name \_\_\_\_\_ Title / agency \_\_\_\_\_

Postal address \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

dd/mm/yy