Waikids
WAIKATO CHILD AND YOUTH HEALTH
Waikato District Health Board

Child Development Centre **Referral - Section A**

Date of referral: _____ NHI (if known): _____

Child's name: _____

Date of birth: _____ Country of birth: _____

Sex: Male ☐ Female ☐ Ethnicity: _____

Name of Parent / Caregiver: _____

Address: _____

_____

Phone: Day _____ Night _____ Mobile _____

Need an interpreter? Yes ☐ No ☐ If **yes** what language? _____

Please clearly outline your developmental concerns and reasons for referring this child:
(please include or attach all other relevant information, e.g. social and family issues, developmental history, medical history and/or medications, previous assessment reports)

For school aged children where learning, social or behavioural difficulties are part of the reason for your referral, you **MUST** also complete Section B of this referral form.

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Please refer to the CDC website for our referral guidelines
(http://www.waikatodhb.health.nz/cdc)

Will you assist the family to attend? *(we can send you a copy of the appointment)* Yes ☐ No ☐

NB: If you are planning to attend the appointment please ensure you have the parents/caregivers consent.

Are there any other services involved with this child/family now or in the past?

☐ Child Mental Health Services *(please specify)* _____

☐ Educational supports *(please specify)* _____

☐ Disability support services *(please specify)* _____

☐ Child and family community-based services *(please specify)* _____

☐ Hospital-based services *(please specify)* _____

☐ Child Youth and Family

☐ ACC

☐ Other *(please specify)* _____

Please specify if you have referred this child anywhere else: _____

_____

Referrer details

Referrer name: _____ Title/Agency: _____

Postal address *(including postcode)*: _____

Email address: _____ Phone no: _____

Signature: _____ Date: _____

Please also gain the parents/caregivers consent below:

For parents/caregivers to complete:

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

I give permission for the referrer to receive a copy of the appointment letter Yes ☐ No ☐

I am the legal guardian of this child Yes ☐ No ☐
*(**NB:** This referral can still be submitted if you are not the legal guardian.)*

Signed: _____ Date: _____

NB: Please be aware that we will redirect this referral to other services within the Waikato DHB, or to associated Waikato DHB services, if we feel another service is better able to meet your child's needs.

Post/Fax to:
Referral Coordination Centre, Waikato Hospital, Private Bag 3200, Hamilton 3240.
Fax: 07 839 8817

Child Development Centre **Referral - Section B**

- For school aged children with learning, social or behavioural difficulties

Year: _____

Current academic achievement

Curriculum area	Far below curriculum level	Below curriculum level	At curriculum level	Above curriculum level
Oral language	☐	☐	☐	☐
Reading - comprehension	☐	☐	☐	☐
Reading - accuracy	☐	☐	☐	☐
Written language	☐	☐	☐	☐
Maths	☐	☐	☐	☐
Spelling	☐	☐	☐	☐
Other (please specify) _____	☐	☐	☐	☐

Please complete below the most recent standardised achievement test scores, as appropriate. Provide a "plain english" interpretation of scores/levels, i.e. child's performance against expectations. See example below.

Name of test	Date	Stanine / Level/Score	Interpretation of scores, i.e. comparison with cohort.
Example: *Running record* *(e.g. PM Benchmark, PROBE)* *PAT Vocabulary*	*1/03/14* *31/03/14*	*Magenta, Level 0* *Stanine 7*	*Achieving at 5 yrs - pre-reading stage. Cohort reading at Level 14 (6 ½ yrs).* *Above average*

Please comment about any improvement or deterioration in school achievement:

Have there been any concerns about this child's attendance? If so, please briefly describe:

Educational supports:

e.g. RTLB, small group work, individualised teaching, TA, SENCO, ORS, Special Education services

Strengths

Please describe the best things about this child

Strengths and difficulties questionnaire – T [4-10]

Please complete the following brief behavioural questionnaire which identifies any social, emotional and behavioural difficulties this child may have. This is a standardised assessment tool which requires you to mark **all** boxes.

For each item, please mark the box for 'Not true', 'Somewhat true' or 'Certainly true'. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour **over the last six months or this school year**.

	Not true	Somewhat true	Certainly true
Considerate of other peoples' feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example pencils, books, food			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees tasks through to the end			

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties
☐	☐	☐	☐

If you answered 'Yes' please answer the following questions about these difficulties:

How long have these difficulties been present?

Less than a month	1 - 5 months	6 - 12 months	Over a year
☐	☐	☐	☐

Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Peer relationships	☐	☐	☐	☐
Classroom learning	☐	☐	☐	☐

Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Communication

Please list any concerns you have about the child's communication skills. This includes his/her understanding (following instructions, routines, rules), communication skills with peers and teachers, and any speech problems.

Daily living skills

Please list any concerns you have about the child's daily living skills, e.g. dressing, eating, toileting, and managing his/her own possessions.

Physical skills

Please list any concerns you have about the child's physical skills, e.g. co-ordination, or hand skills.

Has the child's hearing and vision been checked? Yes ☐ No ☐

Do you have any concerns about hearing and vision?

Do you have any other concerns or comments:

Please attach additional information that you think may be relevant (such as the most recent school report and/or a sample of school work).

Teacher:_____ Please print name:_____

SENCO:_____ Please print name:_____

Principal:_____ Please print name:_____

School:_____ Date:_____

Please return to:

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Waikato Hospital
Private Bag 3200
Hamilton 3240
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