



# Child Development Centre School referral

Patient Label

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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
<p>Suspected or Diagnosed Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)</p> <p>For example inability to stay on task, difficulty sitting still, unable to maintain attention or concentrate.</p> <p>Severe behaviour problems, Oppositional Defiance Disorder, moderate to severe anxiety, low mood and risk of harm to self and others</p>	<p><b>Under 6 years of age</b> Paediatric Medicine</p> <p><b>Over 6 years of age</b> <b>Ngaa Ringa Awhina</b> Waikato District, Matamata/Piako, Hamilton City, half of Waipa District including Cambridge</p> <p><b>Hauraki Cluster</b> Thames – Coromandel District, Hauraki District</p> <p><b>Southern Cluster</b> Half of Waipa District including Te Awamutu, Otorohanga District, South Waikato District, Waitomo District, Ruapehu District</p>
Wetting and/or soiling problems	Public Health Nurses, Te Whatu Ora – Waikato Paediatric Medicine, Te Whatu Ora – Waikato
Mild behaviour problems	Parent education programmes such as Incredible Years
Speech and language concerns (Isolated)	Ministry of Education or Private Speech Language Therapist
Sensory processing difficulties (Isolated)	Private Occupational Therapists
Specific learning difficulties – problems such as dyslexia	School based services or private providers such as SPELD, Learning Matters or Kip McGrath

If developmental disabilities are being considered then school supports should be in place for a period of time before a referral is made.

Date of referral \_\_\_\_\_  
dd/mm/yy

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

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

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

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

Language \_\_\_\_\_

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

# Child Development Centre School referral

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

Address \_\_\_\_\_

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

Please state your main concern and reason for referral?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

If you have responded yes, please provide diagnostic details and attach any formal reports (external to Waikato DHB)

\_\_\_\_\_  
 \_\_\_\_\_

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

If you have responded no, please continue.

**Primary referral concerns** (multi select)

- Difficulties with speech, language and / or communication
- Displays rigid and repetitive behaviours
- Delays in fine and gross motor skills
- Chromosomal abnormality / genetic disorder
- Difficulties in social interaction
- Delays in academic achievement
- Delays in self-care skills
- Other – please describe

Family history of developmental disability if known – relationship and diagnosis

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Curriculum area	Far below	Below	At level	Above level
Maths				
Reading – comprehension				
Reading – accuracy				
Written language				
Spelling				
Oral language				
Physical Education				

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Please provide results from the most recent standardised achievement test scores as appropriate – please note that we do not require copies of the child’s work or actual test results

Name of test	Date	Staine / Level / Score	Interpretation of scores, i.e comparison with cohort

### Educational supports

What support has been provided, and for how long? \_\_\_\_\_

Are there any concerns with school attendance? – please provide details

### Communication (tick all that the child can currently do independently)

- Turns when name is called
- Uses eye contact when communicating with others
- Uses gesture to assist in communication eg waving hello, goodbye
- Follows instructions with two unrelated actions i.e. turn off the TV and put your shoes on
- Displays mannerisms or odd ways of moving his/her hands or fingers such as flapping
- Tells parents, friends, or others about his/her favourite activities
- Uses odd phrase or says the same thing over and over almost in exactly the same way
- Displays a range of facial expressions
- Speaks in full sentence
- Speech is able to be understood by others

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

If yes please give examples:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

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

Address \_\_\_\_\_ dd/mm/yy

## Child Development Centre School referral

### Daily living / self care (multi select)

- Toileting during the day and night
- Removes t-shirt, dress or sweater
- Drinks liquids without spilling
- Able to manage buttons, zips on items of clothing
- Wears a variety of clothes, instead of the same or similar clothes most days
- Manages personal belongings i.e. school bag, desk
- Able to tie shoelaces
- Uses at least two simple kitchen appliances. E.g., toaster, kettle, microwave
- Has a need for rigid routines
- Afraid to try new things
- Able to use a knife and fork
- Able to prepare a simple snack eg cheese and crackers or a sandwich

Do you have concerns about the child's daily living/self care? – Yes / No

If yes please give examples:

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

- Uses adjectives to describe things. e.g. "pretty pictures", "big doggy."
- Has one or more friends
- Says when he/she feels happy, sad, scared or angry
- Shows sympathy for others when they are sad or upset
- Apologises if he / she hurts the feelings of others
- Has a to and fro conversation that involves taking turns or building on what others have said
- Places reasonable demands on friends
- Recognises when someone is making an unreasonable request
- Is creative
- Takes turns and shares in play
- Has difficulty participating in group activities
- Has difficulty recognising emotions
- Able to follow classroom routines

### Does the child experience difficulties in any of the following (Tick all that apply)

- Attention and concentration
- Impulsivity
- Hyperactivity
- Distractibility
- Memory

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Do you have concerns about the child's Social, Behaviour and Play Skills? – Yes / No  
If yes please give examples:

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### Physical activity and motor skills (Tick all that apply)

- Jumps forward at least three times with both feet without falling
- Is more interested in the parts of a toy or object, rather than in using the object as it was intended
- Catches a medium ball-sized ball from at least 2 meters away. May catch with two hands or one
- Rides a two wheel bike without training wheels
- Shows an unusual interest or avoidance in the sight, feel, sound, taste or smell of things or people
- Has interests that preoccupy him or her that might seem odd to other people
- Can open packets and containers
- Catches a tennis ball from at least 3 metres away, moving to catch if needed  
May catch with two hands or one

Do you have concerns about the Physical Activity and Motor Skills – Yes / No  
If yes please give examples:

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Any other comments:

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### 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

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 Waikato DHB 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 Waikato service, we will decline with a recommendation for alternative support.

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
dd/mm/yy