

REFERRAL TO INCLUSIVE PRESCHOOL PROGRAM

(Parents to complete in collaboration with Preschool Director/Support Services staff/ and/or other agency support person)

To: Preschool Director

Program: (please indicate)

- Acacia Kindergarten, Mount Gambier
- Elsie Ey Kindergarten, Gawler
- Tinyeri Childrens Centre Murray Bridge
- Kirton Point Kindergarten, Port Lincoln
- Whyalla Stuart Kindergarten, Whyalla
- Willow Close Preschool Centre, Mt Barker
- Bains Road Preschool Morphett Vale
- The Parks Childrens Centre
- Solomontown Preschool
- Sir Thomas Playford Kindergarten

Partnership

- Blue Lake
- Barossa Valley
- Murraylands
- Pt Lincoln
- Whyalla
- Heysen
- Panalatinga
- Inner West
- Pirie
- Elizabeth

Child's Name: _____

DOB: _____ Age: _____ Male/Female

Parent/Carers Name/s:

Address: _____

Telephone: _____

For program entry in Term: _____ Year: _____

Consent to Referral:

I _____ consent to the referral of my child to an Inclusive Preschool Program.

Parent/Carer signature _____ Date: _____

Referring Person: Preschool Director or Support Services Staff/other member from referring agency:

Name: _____

Role/Organisation: _____

Address: _____

Phone: _____ Email: _____

Date of referral: _____

IMPORTANT: A COPY OF THE FOLLOWING DOCUMENTS MUST BE ATTACHED

- DECD Single Referral Form including Parent/Carer Consent Form for release and exchange of information and other attachments
- Relevant observational and assessment reports, including those from other agencies
- Psychology Report
- Speech Pathology Report
- Paediatrician Report
- Occupational Therapy Report
- Other Reports
- One Plan (if available)

**Please Comment on the Child's Abilities and Support Needs in the
Following Areas if not covered in the attached reports:**

1. Reason for Referral (Summary of child's needs/ identified disability)

2. Communication

2.1 *Expressive:* _____

2.2 *Receptive* _____

3. Health and Medical: *health care plan, medication/seizures*



4 Personal Care

4.1 Eating and Drinking e.g. spoon/fingerfood / level of supervision required

4.2 Toileting: e.g. nappies/in training/independent follows toilet routines_____

5. Motor Skills

5.1 Gross Motor Skills and Mobility and motor planning e.g. climbing/
balancing/ladders:_____

Fine Motor Skills: _____

6. Safety Needs: Boundaries/escapees/ high risk behaviours/mobility issues
as related to safety_____

7. What does their play look like: *exploratory/pretend* how long attention to task /what are their interest's

8. Social / Emotional Skills

8.1 *Social Skills: turn taking sharing/plays with others*_____

8.2 *Emotional Skills (Behaviour): copes with change/ aggressive/ withdrawn/ anxious*_____

9. Sensory Impairment

9.1 *Hearing: hearing aids/grommets/tendency for ear infections*_____

9.2 *Vision: contact lens/ or glasses/ cortical vision*_____



10. Sensory Perception and Integration: *over and under reactions e.g. loud noises/textures/movement personal space/light*_____

12. Other relevant information: Equipment and Modifications to the preschool environment

