

## Section 1: Student details

Preferred name

Given name

Surname

Gender

 Male  Female

Date of birth

Home address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode:

Suburb

## Section 2 – Nominated School

### 2.1 School/Kindy/Day Care Centre

Name of Facility

  

Year level

Usual teacher

Email address or teacher

Regular Attendee?  
(80% or more) Yes  NoIf No, approximate  
attendance % %

## Section 3 – School Performance

### 3.1 Performance at school compared to peers

Please specify

**3.2 Current Difficulties / Areas of Concern**

Please indicate your level of concern in each life area below (rows a–e); tick only one level of Concern (columns 1–5)

	1. Extremely Concerned	2. Very Concerned	3. Moderately Concerned	4. Slightly Concerned	5. Not at all concerned
<b>a. Gross &amp; Fine Motor skills:</b> Eye-Hand Coordination; Holding Pencil/Scissors; Ball Skills  Please describe difficulties / concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>					
<b>b. Communication:</b> Making self understood; Understanding others  Please tick if relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Does not say any words  <input type="checkbox"/> Uses single words only  <input type="checkbox"/> Combines single words to make short phrases, e.g., "I want drink."  <input type="checkbox"/> Speaks fluently using sentences, e.g. "I went to the shop and bought a lolly."         </div>					
Please describe any difficulties / concerns and indicate your child's language skills:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>				
<b>c. Learning &amp; Education:</b> Understanding new ideas; Remembering; Problem solving; Decision making; Paying attention; Undertaking single or multiple tasks; Carrying out daily routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe difficulties / concerns:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>				
<b>d. Social Interaction:</b> Making and keeping friends; behaving in acceptable ways; coping with feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe difficulties / concerns:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>				

### 3.2 Current Difficulties/Areas of Concern – Continued

Please indicate your level of concern in each life area below (rows a–e); tick only one level of Concern (columns 1–5)

	1. Extremely Concerned	2. Very Concerned	3. Moderately Concerned	4. Slightly Concerned	5. Not at all Concerned
<b>e. Sensory Processing::</b> Unusual sensory interests/ difficulties e.g. fascination with light, sensitivity to noise  Please describe difficulties /concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3.3 Developmental Information

<b>a. For children who can speak fluently.</b> Does your student participate in conversations with you?  Please give specific examples.	
<b>b. How does your student approach other people to initiate an interaction with them?</b> e.g. do they go up to others and talk to them, or show them something? Please give specific examples.	
<b>c. Does your student appear to be aware of, or interested in other people's feelings?</b> e.g. will they give a person a hug if they're crying? Please give specific examples.	
<b>d. Does your student use gestures to communicate?</b> e.g. pointing, waving hello/goodbye, nodding/shaking his/her head? Please give specific examples.	

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### 3.3 Developmental Information – Continued

e. **Does your student use facial expressions to show you how they are feeling?**

Please give specific examples.

f. **Does your student look at people when they are talking, listening or playing with them?**

Please give specific examples.

g. **Does your student show interest in other children?** e.g. by watching them, imitating their actions, talking to you about them, playing with them?

Please give specific examples.

h. **Does your student seem to have a preference playing on their own rather than with others?** e.g. do they push you away if you try to join in their play?

Please give specific examples.

i. **Does your student appear to have friendships that are appropriate for their age, or friendships that are similar to those of their same aged peers?**

Please give specific examples.

j. **Does your student regularly repeat words, phrases or sentences exactly as he/she has heard in the past, in a way that is different to his/her typically developing peers?**

Please give specific examples.

k. **Does your student regularly demonstrate any unusual movements?** e.g. flapping their hands, flicking their fingers or walking on their toes?

Please give specific examples.

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### 3.3 Developmental Information – Continued

**l. Does your student have any special routines or things that he/she likes to do in a particular order?**

Please give specific examples.

**m. How does your student cope if his/her activities are interrupted?**

Please give specific examples.

**n. Does your student have a strong interest in a particular object, topic, or activity?**

Please give specific examples.

**o. Does your student appear to have any unusual sensory interests or sensitivities? e.g. smelling or licking particular objects or surfaces, putting his/her hands over the ears in response to loud noises, appearing to dislike touch? Please give specific examples.**

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### 3.4 Additional Feedback

**a. Do you have any additional concerns regarding your student's development/health that have not been recorded in the tables above? e.g. concerns about food selectivity, poor sleep, other identified disabilities? (Please specify)**

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I hereby confirm that the information provided on this referral is accurate and true to the best of my knowledge.

School

Date

Name

Signature

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Send the signed and completed form to:

WA Email: [diagnosis@patches.com.au](mailto:diagnosis@patches.com.au)  
Fax: 08 6208 3202

NT Email: [ntdiagnosis@patches.com.au](mailto:ntdiagnosis@patches.com.au)  
Fax: 08 6208 3202