

For families completing this form: Please complete all the sections you can. The Connect Pathways Program Team will contact you if we need any additional information.

Referral Date:

Region:

Penrith Blue Mountains

Child Information

Child's name:

D.O.B:

Male Female

Address:

Postcode:

Country of Birth:

Home Language/s:

Interpreter Required? Y N

Aboriginal and/or Torres Strait Islander Y N Prefer not to say

Medications: Y N

Allergies: Y N

Special Diet: Y N

Health Care Card: Carer: Y N

Child: Y N

Sibling 1 Name

DOB:

Sibling 2 Name:

DOB:

Sibling 3 Name:

DOB:

Sibling 4 Name:

DOB:

Guardian Information

Guardian 1:

Guardian 2:

Name:

Name:

Relationship to child:

Relationship to child:

Country of Birth:

Country of Birth:

Address (if different from above):

Address (if different from above):

Postcode:

Postcode:

Preferred contact:

Phone Email

Preferred contact:

Phone Email

Phone Number:

Phone Number:

Email Address:

Email Address:

Service Provider Referrer's Information (complete if applicable)	
Name:	
Relationship to Child:	
Address:	Postcode:
Phone:	
Email:	
Services the Child is Accessing	
Type of Service (e.g. speech pathology)	Organisation

Overview of Child's Development
<i>If a service provider is completing this referral, please complete this section in collaboration with the child's guardian</i>
Strengths and activities the child currently enjoys:
Areas of concern:

Reasons for Referral

Social Isolation (I have limited relationships and networks)

Geographic Isolation (I am unable to access to supports due to where I live or access to transport)

Access (early childhood education and supports are too expensive, I currently am not accessing funding or there are currently no positions available)

Developmental Concerns

Social development:

- Expressions of joy, displeasure and affection
- Interacting with others
- Becoming independent

Emotional development:

- Anxiety
- Regulating emotions
- Seeking support and comfort when distressed

Language Development:

- Expressive language/talking
- Receptive language/listening and understanding language

Play Skills:

- Pretend play
- Playing with toys
- Problem-solving

Physical Development:

- Gross motor skills
- Fine motor skills

Sensory:

- Sensory sensitivities or insensitivities (light, sound, touch, taste, movement, body position, pain)
- Repetitive behaviours

Self Help/Life Skills:

- Toileting
- Sleeping
- Eating
- Routines
- Safety

Further Comments:

To be completed if a service provider is making this referral

Referrer's name:

Signature:

Date:

Guardian name:

Signature:

Date:

To be completed and returned to the Connect Pathways Program: connect@connectcfs.org.au Please include "Pathways Program Referral" in the subject line.