

Swale Early Years – Referral Form Appendix:

Section 1:

Overall, do you think your child has difficulties in one or more of the areas below (please tick):

<input type="checkbox"/>	Physical development (section 2)
<input type="checkbox"/>	Activities of daily living (section 3)
<input type="checkbox"/>	Speech, language and communication (section 4)
<input type="checkbox"/>	Social interaction skills (section 6)
<input type="checkbox"/>	Eating and drinking (section 6)
<input type="checkbox"/>	Sensory processing (section 7)

Section 2: Physical development

Development history:

Were there any complications during pregnancy or delivery? (if yes, please describe)		
If you are not sure when exactly they achieved these milestones (month) give estimation or answer yes or no:		
Roll:	Yes	No
Sit alone:	Yes	No
Crawl:	Yes	No
Pull to stand, on objects:	Yes	No
Stand alone:	Yes	No
Walk:	Yes	No

Gross motor function:

Does your child have any problems moving around the house/play outside (stairs, climbing on/ off furniture, cruising around furniture, running, playing and riding ride on toys). You can circle or describe the problems seen above:



Section 3: Activities of daily living

When was your child	Age
Toilet trained – daytime	
Toilet trained – night time	
Drink from a cup independently	
Use a spoon independently	
Use a knife and fork independently	

Can your child put on and take off independently: (Yes or no)		
Shoes:	Yes	No
Socks:	Yes	No
Trousers:	Yes	No
Shirt:	Yes	No
T-shirt:	Yes	No
Buttons:	Yes	No
Shoe laces:	Yes	No
Zips:	Yes	No
Brushing teeth:	Yes	No
Washing hands/face:	Yes	No

Other comments:

Does your child have any sleep problems?	Yes	No
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Comments:

Does your child show any hand dominance, if so which?

Does your child change hands during activities?



Section 4: Speech, language and communication

Attention and listening

	Yes / no / sometimes	Comments
Does your child flit between activities?		
Can your child engage in an adult-led activity?		
Can your child take turns?		

Understanding of language:

Examples of instructions able to understand:
Examples of instructions unable to understand:

Use of language:

Uses verbal or non-verbal communication to:	Y/N	
Request:	Yes	No
Refuse:	Yes	No
Initiate (begin an interaction)	Yes	No
Comment:	Yes	No

Please give 5 examples of language used by your child:	
1	
2	
3	
4	
5	

Speech:

Please give 10 examples of words said incorrectly, ask your child to name some pictures in a book:

1		6	
2		7	
3		8	
4		9	
5		10	

Stammering – (please describe)



Section 5: Social communication

Concern	Y/N	Comments (please give specific comments and/or examples)
Response to name when called		
Able to share interest with others including non-verbally (friends or adults/family members)		
Uses other forms of communication such as pointing or gesture or facial expressions		
Very limited and repetitive play		
Other comments on social communication:		

Section 6: Eating and drinking

Concern	Y/N	Comments (please give specific comments and/or examples)
Any head injury if there are associated feeding difficulties		
Genetic disorders where there are associated feeding difficulties.		
Neurological disorders where there are associated feeding difficulties		
Feeding tube plus oral feeding		
Feeding tube and non-oral feeding		
Faltering growth (falling down centiles)		
Coughing/choking/watery eyes on feeding		
Feeding difficulties and frequent chest infections (if so, how many chest infections in 6 months)		
Feeding difficulties and weight loss.		
Restricted range of foods and/or concerns about growth or weight gain.		



Struggling to progress on to solid foods e.g. gagging on foods/difficulty chewing foods.		
Concerns about growth or weight gain.		
Poor appetite due to medication (ADHD)		
Severe dribbling that is not reducing past 18 months old.		

Section 7: Sensory processing

Does your child avoid sensory stimuli (e.g. touch, sound, smell, give examples)
Does your child excessively seek sensory stimuli (e.g. movement, touch, give examples)

Section 8:

(please tick as appropriate)

Are any of the issues described above causing	
<input type="checkbox"/>	Frustration to your child
<input type="checkbox"/>	Frustration to parents
<input type="checkbox"/>	Difficulties with home life
<input type="checkbox"/>	Difficulties with friendships
<input type="checkbox"/>	Difficulties with leisure activities

Comments

