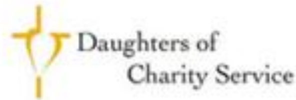

ADDITIONAL INFORMATION FORM TO ACCOMPANY CHILDREN'S SERVICES REFERRAL FORM

Child aged from 3 years to 5 years 11 months

Date of Referral: **Referrer:**

In order to help services appropriately accept and prioritize referrals, this form should be completed by the parents or in consultation with them, and sent with the Children's Services Referral Form.
Please also attach any health or school or pre-school reports you have on your child

Child's Surname	Child's First Name	Date of Birth

Parents' names and contact details:

BIRTH HISTORY (Please attach any relevant reports)

Length of Pregnancy weeks/days	Place of Birth	Birth Weight

Was your child admitted to the neonatal unit? Yes ☐ No ☐

Has your child ever been in hospital since they were born? Yes ☐ No ☐

If Yes, for what reason?

Please give details of any medications, hospital and nursing needs, breathing and feeding supports:

YOUR CHILD'S DEVELOPMENT Please note some questions may not be relevant for your child

1. Movement and Gross Motor Skills

Has your child achieved the following?

Walking independently	Yes ☐	At what age	Not yet ☐
Running	Yes ☐	At what age	Not yet ☐
Jumping	Yes ☐	At what age	Not yet ☐
Climbing up and down stairs	Yes ☐	At what age	Not yet ☐
Throwing a ball	Yes ☐	At what age	Not yet ☐
Catching a ball	Yes ☐	At what age	Not yet ☐
Kicking a ball	Yes ☐	At what age	Not yet ☐

Please tick if any of the following describe your child's movements

Trips more than other children their age	☐
Falls more than other children their age	☐
Bumps into other things more than other children their age	☐
Tends to walk on tiptoes	☐
Clumsier than other children their age	☐
My child is losing skills they did have	☐

My child's posture looks different from other children ☐

If you have ticked any of these, give details:

Is your child keeping up with other children of their age in physical development and activity? Yes ☐ No ☐

If No, give examples

Describe any other concerns you have about your child's movement and gross motor skills

2. Fine Motor Skills and Hand Movement

Which of the following can your child do if they have had a chance to try it?

Pick up small objects such as raisins or beads	Yes ☐	No ☐
Play with construction toys such as building blocks or Lego	Yes ☐	No ☐
Use a pencil or crayon to scribble or draw	Yes ☐	No ☐
Use a child's scissors to cut paper	Yes ☐	No ☐
Open their lunchbox	Yes ☐	No ☐

Describe any concerns you have about your child's fine motor and hand movements

3. Communication, Speech and Language

Please explain how your child communicates ***most*** of their messages ***now***? (e.g. crying, pulling, pointing, sounds, gestures, uses signs, uses pictures, words, sentences or a combination of these?)

Has your child achieved the following?

First words, such as 'cat' 'more'? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐

Putting two words together? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐

How many words can your child put together now in a sentence?

Give an example of the kind of things your child says now

Do any of the following describe your child's speech, language, and communication abilities?

My child has difficulty understanding what I say Yes ☐ No ☐

If yes, please give examples

My child has difficulty telling a story, such as telling me about something that happened during their day Yes ☐ No ☐

My child finds it hard to pronounce/say certain sounds, for example says "tup" for "cup Yes ☐ No ☐

Please give details of any concerns you have about your child's speech, language, communication and voice

4. Social Interaction. Relationships. Play and Leisure

When playing does your child allow you or other adults to join in? Always ☐ Sometimes ☐ Never ☐

When playing does your child allow other children to join in? Always ☐ Sometimes ☐ Never ☐

Describe how your child plays with others

Does your child show an interest in other children? Yes ☐ No ☐

Does your child take turns with other children? Yes ☐ No ☐

Does your child share toys with other children? Yes ☐ No ☐

What toys does your child like to play with and how do they play with them?

Does your child engage in imaginative play e.g. pretend and make believe games?

What activities do your child like to do?

Please give any further comments about your child's play, friendships and activities:

5. Daily Living Skills

5A. Food and Drink.

Do you have any concerns about your child's weight or growth? Yes ☐ No ☐

If yes, give details

Please enclose any growth or weight charts available

Do you have any concerns about how much your child eats and drinks, or the range of foods they eat? Yes ☐ No ☐

If yes, give details

Describe your child's usual food, drinks and mealtime routine?

Can your child use a spoon to feed themselves? Yes ☐ No ☐
Can your child drink from a cup by themselves? Yes ☐ No ☐

If No, give details:

Do you have any concerns about ***how*** your child is eating, swallowing and drinking? Yes ☐ No ☐

If Yes please describe:

Are mealtimes stressful? Yes ☐ No ☐

If Yes please describe

Is your child on any specialised feeds, drinks or food? Yes ☐ No ☐

If Yes, give details

5B. Urinary and Bowel Habits

Please describe what stage your child has reached with toilet training

Are there any issues around toileting? Yes ☐ No ☐

If Yes, describe

5C. Personal Care, Dressing and Independence

Does your child dress themselves? Yes ☐ No ☐ With some help ☐

Does your child undress themselves? Yes ☐ No ☐ With some help ☐

Describe what your child can do for themselves

Have you any concerns about your child's safety awareness in the home or out and about? Yes ☐ No ☐

If Yes, describe

5D Sleep

Do you have any concerns about your child's sleep routine? Yes ☐ No ☐

If Yes please describe

Have you any concerns about your child's level of energy? Yes ☐ No ☐

If Yes please describe

6. Behaviour and Emotions

Do you have concerns about your child's emotional wellbeing and behaviour?

At home ☐ At crèche, pre-school or school ☐ Out and about ☐

Please describe any concerns

Do the following statements describe your child's behaviour? (Please tick the appropriate boxes)

Frequent prolonged tantrums ☐	Aggressive ☐	Irritable ☐	Excessive Crying ☐	Clingy ☐
Upset for seemingly minor things ☐	Withdrawn/too quiet ☐	Doesn't like change ☐	Frustrated ☐	Worries a lot ☐

If Yes to any of the above, how often does this occur? Daily ☐ Weekly ☐ Monthly ☐ Less often ☐

What impact does this have on your child and on your family and what helps to prevent problems

7. Learning

Do you have any concerns about your child's ability to learn new skills? Yes ☐ No ☐

If yes please describe

Has anyone else expressed any concern about your child's ability to learn such as a teacher, psychologist, family member? Yes ☐ No ☐

If Yes give details of the concern and who expressed it

Do you have any concerns about your child's ability to concentrate? Yes ☐ No ☐

Is your child having any difficulties keeping up with learning or school work? Yes ☐ No ☐

If Yes give details

8. Vision and Hearing

Does your child have vision problems which cannot be corrected with glasses? Yes ☐ No ☐

If Yes, give details

Does your child attend a specialist service for their vision or hearing? Yes ☐ No ☐

If Yes, give details

9. Sensory Processing

If you have concerns about your child's sensitivity to any of the following, either avoiding them, getting annoyed with them or seeking them out, please tick:

Noise ☐ Touch ☐ Textures (such as fabrics) ☐ Movements ☐ Smells ☐ Food ☐ Lights ☐

If you have ticked any of the above, describe how this impacts on everyday life for your child and for you

10. **Is there anything else you would like to tell us about your child?**

Tell us what your child enjoys and is good at as well as the things they find difficult

What is your main concern and priority for your child?

Safety and Risk

Are there any issues which are a significant risk to the health and wellbeing of your child or others, such as physical injury to self or others, refusal to eat?

Please give details of who completed this form

Form completed by:

Relationship to child:

Contact details:

Date:

Please attach copies of any health, school or pre-school reports that you have.