



THE ASSOCIATION FOR
CHILDHOOD LANGUAGE &
RELATED DISORDERS

Referral Form

FORM TO BE COMPLETED BY PARENT or REFERRING PROFESSIONAL

CLIENT INFORMATION

NAME OF CHILD	SURNAME		<input type="checkbox"/> MALE	
	FIRST NAME		<input type="checkbox"/> FEMALE	
DATE OF BIRTH				
PARENT/GUARDIANS	1		2	
	ADDRESS		ADDRESS	
	POSTCODE		POSTCODE	
PHONE	HOME		HOME	
	WORK		WORK	
	MOBILE		MOBILE	
EMAIL				

REFERRING PROFESSIONAL DETAILS (if applicable)

NAME	
TITLE/POSITION	
ORGANISATION (if applicable)	
ADDRESS	
	POSTCODE
PHONE	
FAX	
EMAIL	
OTHER PROFESSIONALS	

REASON FOR REFERRAL

Please write a brief statement outlining the child's difficulties / areas of concern or attach a referral letter.

SERVICES REQUESTED

Please note that there are fees for services listed below, unless otherwise indicated.
Consult with the relevant professional regarding fees during your initial contact.



Language Evaluation and Therapy Services - Talking And Learning for Kids

13/76 Doggett Street
Newstead Commercial Village
Newstead, 4006
P +61 7 3252 1666
F +61 7 3252 1308

- Pre-school aged screening assessment
(including assessment of language, problem-solving, social, play, fine motor and gross motor skills)
- Speech language assessment
- Cognitive assessment
- Comprehensive assessment for learning/literacy difficulties
- Occupational therapy assessment
- Paediatric physiotherapy assessment
- Consultation with educational and/or therapy team
- Speech and/or language therapy
- Occupational therapy
- Paediatric physiotherapy
- Psychology support in child/adolescent social-emotional functioning
- Education tuition (eg literacy, numeracy)
- Comprehensive Diagnostic Assessment
- Parent training
- Outreach Consultation to child's school** (NB *may* be funded under NSO Commonwealth Special Education)
Please also complete a Parent/Guardian Consent to Visit School form and attach.



The Glenleighden School

33 Cubberla Street
Fig Tree Pocket, 4069

P +61 7 3378 8625
F +61 7 3378 8873

- Consideration for placement at The Glenleighden School

Please also complete a *Consideration for School Enrolment* form and forward all documentation to The Glenleighden School.

Please note that provision of a school placement is not automatic.

The pre-enrolment process will involve review of all available history & current documentation related to the child's development. Screening, assessment and/or consultation may be recommended prior to final recommendations regarding school placement.

ATTACHMENTS

In order to ensure that professionals at CHILL.D. are able to make the best decisions for you and your child in the most effective time possible, it is imperative to attach as much documentation as possible about your child's previous assessments, interventions, medical history and education.

<input type="checkbox"/>	I/we have completed a Parents/Guardian's Consent Form
<input type="checkbox"/>	I/we have completed a Parent Consent to Visit School Form (if applicable)
<input type="checkbox"/>	I/we have completed a Consideration for School Enrolment Form (if applicable)
<input type="checkbox"/>	I have attached supporting documentation with regards to my child's development and schooling.

SPECIAL EDUCATIONAL STATUS INFORMATION

If your child is of school age AND services to the child's school is required OR consideration for enrolment at The Glenleighden School is being requested, please complete this section and attach supporting documentation,.

DISABILITY CATEGORY:	<input type="checkbox"/> SLI <input type="checkbox"/> ASD <input type="checkbox"/> II <input type="checkbox"/> Other _____ <input type="checkbox"/> Interstate Category _____ <input type="checkbox"/> Provisional <input type="checkbox"/> Verified	Please attach documentation
STATUS:		
EAP STATUS:	<input type="checkbox"/> Pending <input type="checkbox"/> Validated Date: _____	Please attach documentation
SUPPORTING ORGANISATION:	<input type="checkbox"/> Education QLD <input type="checkbox"/> Independent Schools Queensland <input type="checkbox"/> Catholic Education	
DISTRICT/AREA		
NAME OF SCHOOL/CENTRE		
NAME OF PRINCIPAL		
NAME OF CLASS TEACHER		
ADDRESS		
PHONE		
FAX		
EMAIL		

If application has not been made under a disability category through your child's current school, please ensure you have attached a recent speech language assessment (less than 12 months old) and a cognitive assessment completed within the last four years.

OTHER PROFESSIONAL INVOLVEMENT

Please provide contact details if you would like CHILL.D. staff to contact these professionals regarding your child. Please also attach any relevant reports.

	NAME	ADDRESS	PHONE	EMAIL
G. P.				
PAEDIATRICIAN				
OTHER MEDICAL SPECIALISTS				
SPEECH LANGUAGE PATHOLOGIST				
OCCUPATIONAL THERAPIST				
PHYSIOTHERAPIST				
PSYCHOLOGIST				
OTHER				
Is your child currently on medication?	If yes, please give details.			

I found out about The Glenleighden School/LET'S TALK services:

- Through a friend/acquaintance
- Through my paediatrician or GP
- Through my therapist
- On the internet
- From a brochure
- From a LET'S TALK staff member
- Other



THE ASSOCIATION FOR
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Agreement of Conditions of Services and Parents'/Guardians' Consent Form

(Mandatory with Referral Form)

In referring my/our son/daughter to CHILLD. for services, I/we acknowledge that:

1. Assessments and/or treatments to be undertaken by **CHILLD. Association** staff may include:
 - a) Administration of formal tests considered relevant to diagnosis;
 - b) Observations of the student's behaviour and performance in informal settings (such as classrooms or playgrounds);
 - c) Administration of any physical or behavioural examinations considered to be part of the procedures normally undertaken by the professional concerned (eg. muscle-tone examination and/or treatment by a physiotherapist, oral-peripheral examination and/or treatment by a speech language pathologist);
 - d) Administration of therapy and/or teaching considered appropriate by **CHILLD. Association** staff.
2. **CHILLD. Association** staff may:
 - b) visit the my/our child's regular school (with the agreement of the school principal) for the purpose of consulting with educational personnel and other relevant professionals, regarding the student with possible outcomes of ongoing consultative support, treatment, or assessment, and/or
 - c) have contact with the student at the LET'S TALK Developmental Hub or The Glenleighden School as arranged with you, as parents, for the purposes of further support.
3. **CHILLD. Association** staff may create written records, video or audio recordings of my/our child and use these in preparing their consultations and recommendations with parents, educational personnel and other professionals. All records will remain the property of CHILLD. as medico-legal documents, and may subsequently be used for research and/or professional education purposes. The confidentiality of these records will be respected at all times, and no use will be made of them for general publication without further consent being sought.
4. **CHILLD. Association** staff may contact persons who are or have been directly concerned with the care or education of the student (such as teachers, therapists and doctors) to seek information about the student's background, abilities and performance that may be relevant to the service being provided. Written reports or accounts may be requested.
5. **CHILLD. Association** staff may use the results of any relevant information available to assist in consulting with the educational personnel and other professionals involved with the child, with the intent of supporting and improving educational outcomes.
6. For all services for which a fee applies, unless special arrangements have been approved by the CEO of CHILLD., the full amount of the fee is payable in advance. Where CHILLD. is to provide a verbal consultation, or written report, the consultation or report may be withheld in the event that an amount of agreed fees remains outstanding.

I/we hereby exempt The Association for Childhood Language and Related Disorders, its officers and employees, from any liability for injury or loss that may result from findings, opinions or recommendations expressed by **CHILLD. Association** staff in relation to the student, and from any liability for any physical injury that may occur to the student whilst under the supervision of CHILLD. Association staff, on the condition that those staff act conscientiously in accordance with the practices and duty of care normal to their professions.

.....
NAME OF PARENT/GUARDIAN	SIGNATURE	DATE

.....
NAME OF PARENT/GUARDIAN	SIGNATURE	DATE

**PLEASE SIGN AND RETURN THIS ORIGINAL.
PLEASE KEEP A COPY FOR YOUR RECORDS.**



Parent/Guardian Consent to Visit School

(Please complete if a LET'S TALK Outreach consultation to a school has been requested)

I/we

give permission for relevant documents and information to be released regarding my /our

son/daughter

from school

to CHIL.L.D. Association through LET'S TALK Outreach to:

- enable adequate preparation for a visit to my child's school
- provide eligibility documentation to the Outreach funding body
- discuss my child and relevant information with their local support professionals (eg local therapists, school staff) during and after the school visit

I/we are aware that a visit summary will be provided to me as well as to my child's school after each visit.

- I/we **DO** give permission for meetings between the CHIL.L.D. LET'S TALK Outreach team and school staff and/or other professionals to go ahead if I/we are unable to attend.
- I/we **DO NOT** give permission for meetings between the CHIL.L.D. LET'S TALK Outreach team and school staff and/or other professionals to go ahead if I/we are unable to attend.
- I/we **DO** give permission for information to be released to the CHIL.L.D. LET'S TALK Outreach team if my child moves to another school.
- I/we **DO NOT** give permission for information to be released to the CHIL.L.D. LET'S TALK Outreach team if my child moves to another school.

Parent signature Date / /

Parent signature Date / /



Consideration for School Enrolment

(Please complete if consideration for enrolment at The Glenleighden School has been requested)

Name of child/student being referred:			
D.O.B.			
Client Reference No.	(Office Use Only)		
<p>I/we, the parents of the child/student named above, wish to be considered for placement and placed on the waiting list for The Glenleighden School program.</p> <p>I/we understand the process before a placement can be offered will be:</p> <ol style="list-style-type: none"> 1. We, as the parents, will be required to complete a communication profile and return as soon as possible 2. All information provided to and gathered by CHI.L.D. Association about my child will be reviewed by the CEO/Principal of CHI.L.D. Association 3. My child's primary and secondary areas of difficulty, age and educational support needs will be taken into account when determining eligibility for Glenleighden programs 4. Recommendations may involve further assessment by CHI.L.D. and/or external agencies before a final decision can be made 5. My child's position on the current waiting list and available places for the appropriate school year will be taken into account before a place can be offered. <p>I/we understand that if my child is offered a place in the Early Childhood program that:</p> <ol style="list-style-type: none"> 1. It will be a twelve month placement only, with a review at 6 months to determine a suitable educational placement for the following year 2. My child's progress during the first six months will assist in clarifying my child's diagnosis and primary impediments to learning <p>I/we understand that if my child is offered a place in the Glenleighden compulsory school age programs (i.e. primary to secondary aged programs) that:</p> <ol style="list-style-type: none"> 1. It will be conditional on my child continuing to meet criteria for a primary language disorder diagnosis as well as continuing to require high to very high educational support needs 2. Necessary information will be provided to funding authorities about my child to ensure that he/she continues to meet disability funding criteria 3. CHI.L.D. staff will be available to discuss my child's progress and will support parental decisions to choose alternative educational programs, with consideration of available resources and the timing of the notification <p>I/we understand that if any offer of a placement is accepted:</p> <ol style="list-style-type: none"> 1. I/we will be available for a mandatory group and/or individual parent interview with the Principal or delegate prior to signing the Enrolment Agreement 2. That my child will be involved in a multidisciplinary assessment for planning purposes to be conducted over a number of days and with an approximate once only cost of \$1600 3. I/we will have the opportunity to meet with staff to discuss my child's strengths and weaknesses and the implications for their educational program 			
Parent 1			
Signature		Date	
Parent 2			
Signature		Date	