

REFERRAL FORM

Please fully complete this referral form (pages 1 – 5) for all service requests. Pages 6 & 7 to be filled out as appropriate. The form may be completed by parent/guardian or referring professional. Referrals can be made to more than one service. Please indicate which service/s you are requesting. Please note that one or more of the boxes can be ticked.

LET'S TALK CLINIC

Fee for services

- Clinic based services including assessments and/or therapy services as listed below.
- School based therapy including therapy services delivered at the child's school.

Assessment Services include:

Therapy Services include:

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Cognitive assessments ▪ Speech/language assessments ▪ Occupational therapy assessments ▪ Physiotherapy assessments ▪ Academic/learning assessments ▪ Disability Verification assessments ▪ Specific assessment (eg. dyslexia) ▪ Multidisciplinary assessments (including screening) | <ul style="list-style-type: none"> ▪ Psychology ▪ Speech and/or language therapy ▪ Physiotherapy ▪ Occupational therapy ▪ Play groups ▪ Tuition for maths, reading, writing, spelling ▪ Intensive therapy/tuition for rural and remote clients |
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LET'S TALK OUTREACH SERVICES

- Free school based consultative service** – criteria for a visit includes verification or seeking verification for the Department of Education and Training disability categories of Speech Language Impairment, Intellectual Impairment and Autism Spectrum Disorder (with a language disorder being identified as the primary impediment to learning).
- Fee for service school based consultative service** for schools who do not meet the above criteria.

Complete the Parent / Guardian Consent to Visit Schools (Page 7)

THE GLENLEIGHDEN SCHOOL

Fee for services

- Consideration for placement at 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 and current documentation related to the child's development. Screening, assessment and/or consultation may be recommended prior to final recommendations regarding school placement.

Complete the Consideration for School Enrolment (Page 6)

Please return completed form to: **info@childassoc.org.au**

LET'S TALK Developmental Hub
PO Box 2219
FORTITUDE VALLEY QLD 4006
Ph: (07) 3252 1666 Fax: (07) 3252 1308

OR

The Glenleighden School
33 Cubberla Street
FIG TREE POCKET QLD 4069
Ph: (07) 3378 8625 Fax: (07) 3378 8873

CLIENT INFORMATION

NAME OF CHILD	SURNAME				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	FIRST NAME					
DATE OF BIRTH				YEAR LEVEL (if applicable)		
NAME OF PARENT/GUARDIAN	1				2	
ADDRESS						
PHONE	HOME			HOME		
	WORK			WORK		
	MOBILE			MOBILE		
EMAIL						
IS YOUR CHILD CURRENTLY ON MEDICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide details:					

REFERRING PROFESSIONAL DETAILS (if applicable)

NAME						
TITLE / POSTION						
ORGANISATION						
ADDRESS						
PHONE						
FAX						
EMAIL						

REASON FOR REFERRAL

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

SPECIAL EDUCATION STATUS INFORMATION

DISABILITY CATEGORY	<input type="checkbox"/> SLI <input type="checkbox"/> ASD <input type="checkbox"/> II <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Interstate category _____	Please attach documentation				
STATUS	<input type="checkbox"/> Provisional <input type="checkbox"/> Verified					
EAP STATUS	<input type="checkbox"/> Pending <input type="checkbox"/> Validation Date: _____	Please attach documentation				
EDUCATIONAL SECTOR	<input type="checkbox"/> Education Queensland <input type="checkbox"/> Independent School <input type="checkbox"/> Catholic Education					
DISTRICT / AREA						
NAME OF SCHOOL or EDUCATIONAL SETTING						
PRINCIPAL						
CLASS TEACHER						
SCHOOL or EDUCATIONAL SETTING ADDRESS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
PHONE						
FAX						
EMAIL						

SUPPORTING DOCUMENTATION

In order to ensure that the best decisions are made 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.

- Speech / Language Report (*NB A recent assessment by a speech language pathologist is mandatory for consideration for enrolment at The Glenleighden School*)
- Cognitive Report (*NB A cognitive assessment is mandatory for consideration for a Year 1 and above Glenleighden School placement*)
- Current Individual Educational Plan (IEP)
- Current School Progress Report
- Therapy Report/s
- Paediatric Report/s
- Other information / documentation

OTHER PROFESSIONALS

	NAME	ADDRESS	PHONE	EMAIL
Doctor/ Paediatrician				
Other Medical Specialist				
Speech/Language Pathologist				
Occupational Therapist				
Physiotherapist				
Psychologist				

ATTACHMENTS / CHECKLIST

- I / we have completed a Agreement of Conditions of Service and Parents/Guardian Consent Form
- I / we have completed a Consideration for School Enrolment Form (if applicable)
- I / we have completed a Parents/Guardian Consent For School Visit Form and/or the Release of Information Permission Form (if applicable)
- I / we have attached supporting documentation (as per previous page)

WHERE DID YOU HEAR ABOUT US?

I heard about The Glenleighden School/LET'S TALK clinic/LET'S TALK Outreach services (please tick one or more):

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> through a friend/acquaintance <input type="checkbox"/> through my paediatrician or GP <input type="checkbox"/> from a radio broadcast <input type="checkbox"/> from other media e.g. newspaper <input type="checkbox"/> other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> from a brochure or newsletter <input type="checkbox"/> through my therapist <input type="checkbox"/> from the Internet <input type="checkbox"/> from a LET'S TALK or a Glenleighden School staff member |
|--|---|

Agreement of Conditions of Service and Parents/Guardian's Consent Form

The Glenleighden School and LET'S TALK Developmental Hub are run by CHI.L.D. Association.

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

1. Assessments and /or treatments to be undertaken by CHI.L.D Association staff may include:
 - a) administration of formal tests considered relevant to diagnosis;
 - b) observations of the student's behaviour and performance in educational or other 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 professionals concerned (e.g. muscle-tone examinations 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 CHI.L.D Association staff.

2. CHI.L.D Association staff may:
 - a). visit 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
 - b) have contact with the student at the LET'S TALK Clinic or The Glenleighden School as arranged with you, as parents/guardians, for the purpose of further support.

3. CHI.L.D Association staff may create written records, photos, video or audio recordings of my/our child and use these in preparing their consultations and recommendations with parents, educational and therapy personnel or other professionals. All records will remain the property of CHI.L.D Association 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 publications without further consent being sought.

4. CHI.L.D 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. CHI.L.D 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 Executive Principal of CHI.L.D Association the full amount of the fee is payable in advance. Where CHI.L.D Association is to provide a verbal consultation or written report, the consultation or report may be with-held in the event that an amount of agreed fees remains outstanding.

I/we hereby exempt The Association of Childhood Language and Related Disorders, its officers and employees from any liability or loss that may result from findings, opinions or recommendations expressed by CHI.L.D Association staff in relation to the students, and from any liability for any physical injury that may occur to the student whilst under the supervision of CHI.L.D 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/...../20..... Date
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..... Name of Parent/Guardian Signature/...../20..... Date
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Consideration for School Enrolment

NAME OF CHILD	SURNAME	<input type="checkbox"/> MALE
	FIRST NAME	<input type="checkbox"/> FEMALE
DATE OF BIRTH		YEAR LEVEL

I/we, the legal guardian of the child/student named above, wish to be considered for placement and placed on the waiting list for The Glenleighden School program.

I/we understand the process before a placement can be offered will be:

1. the completion of a communication profile returned in a timely fashion;
2. all information provided and gathered by The Glenleighden School be reviewed by the Executive Principal;
3. my child's primary and secondary areas of difficulty , age and educational support will be taken into account to determine eligibility for the educational program;
4. recommendations may involve further assessment by The Glenleighden School, LET'S TALK Clinic and/or external agencies before a final decision can be made;
5. my child's position on the current waiting list and available place for the appropriate school year will be taken into account before a place can be offered.

I/we understand that if my child is offered a place in the Early Childhood program that:

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.

I/we understand that if my child is offered a place in The Glenleighden School compulsory school age programs (i.e. primary to secondary aged programs) that :

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. The Glenleighden School/LET'S TALK Clinic 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.

I/we understand that if any offer of a placement is accepted:

1. I/we will be available for a mandatory group and/or individual parent interview with Executive 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 \$1500.
3. I/we will have the opportunity to meet with staff to discuss my child's strengths and weaknesses an the implications for their educational program.

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Name of Parent / Guardian

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Signature

...../...../20.....
Date

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Name of Parent / Guardian

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Signature

...../...../20.....
Date

