# REFERRAL TO INCLUSIVE PRESCHOOL PROGRAMS and THE BRIARS PRESCHOOL

Family to complete referral form in collaboration with Preschool Director and Student Support Services staff

**Preferred Program**

🞎 Acacia Kindergarten, Mount Gambier

🞎 Bains Road Preschool, Morphett Vale

🞎 Elsie Ey Children’s Centre, Hewett

🞎 Kirton Point Children’s Centre, Port Lincoln

🞎 Ngura Yadurirn Children and Family Centre, Ceduna

🞎 Parks Children’s Centre, Angle Park

🞎 Port Augusta West Childhood Services Centre, Port Augusta

🞎 Sir Thomas Playford Kindergarten, Elizabeth South

🞎 Solomontown Kindergarten, Port Pirie

🞎 Tinyeri Children’s Centre, Murray Bridge

🞎 Warradale Kindergarten, Warradale

🞎 Whyalla Stuart Early Childhood Centre Kindergarten, Whyalla Stuart

🞎 The Willows Childrens Centre, Mount Barker

* The Briars Preschool

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child/Student’s details** | | | | | |
| Name: |  | | | | Male / Female |
| Date of birth: |  | Age: |  | | |
| Parent/Carer’s name(s): |  | | | | |
| Phone: |  | Email: | |  | |
| Address: |  | | | | |
| For program entry in term: |  | Year: | |  | |

|  |
| --- |
| **Consent to referral**  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the referral of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to an Inclusive Preschool Program or The Briars Preschool. I give permission for all relevant information and documentation to be made available to the intake panel.  Parent/Carer signature: Date: |

**Referred by**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Local preschool director** | | | | | | |
| Name: |  | Email: |  | | | |
| Preschool: |  | | | | | |
| Address: |  | | | | | |
| Phone: |  | Date of referral: | | |  | |
| **Student Support Services staff** | | | | | | |
| Name: |  | Email: | |  | | |
| Local education office: |  | | | | | |
| Phone: |  | Date of referral: | | | |  |

## PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS:

🞏 Student Support Services Record of Consultation and <https://edi.sa.edu.au/library/document-library/form/child-and-student-support/support-services/sss/sss-consent-form.pdf> (Student Support Services Consent form).

🞏 Assessments and reports from educators, paediatricians, health, allied health professionals, CDU and/or CAT team assessments

## Please comment on the child’s presenting needs in the following areas:

1. **Summary of child’s presenting needs.**
2. **Communication Please attach copies of speech pathology reports and communication system used eg sign, picture based system, device**
   1. **Expressive language**
      1. **Receptive language**
3. **Complex Health Care** Please attach copies of Health Care Plans
4. **Personal care**   
   Please attach copies of Oral Eating and Drinking Care Plan and Continence Care Plan
   1. **Eating and drinking**
      1. **Toileting**
5. **Physical skills**

Please attach copies ofOrientation and Mobility Care Plan, Transfer and Positioning Care Plan, equipment used to support eg sitting, standing, walking

* 1. **Gross motor skills and mobility**
     1. **Fine motor skills**

1. **Play skills**
2. **Social skills**
3. **Safety and Behaviour**

Please provide copies of Behaviour Support plans if available

1. **Sensory impairment**
   1. **Hearing**

Please provide copies of audiograms, assessments, reports

* + 1. **Vision**

Please provide copies of reports and assessments

1. **Sensory needs**

Please provide copies of Sensory profiles, assessments, reports if available

1. **Other relevant information:**

Please provide advice regarding equipment and/or modifications to be considered in the preschool