July 1st 2021

To whom it may concern,

Loki Morrison is a student in my Kindergarten class this year. He is a highly engaging student, always keen to interact with others, with a preference of adults. He is quite an impulsive child who often needs to be reminded of classroom rules and expectations, although is rarely unkind to others, and aims to please his teachers. He is keen to interact and offer his thoughts in all learning opportunities, but has difficulty waiting to be called on and allowing others their chance to answer questions and offer their thoughts.

Although Loki is an inquisitive child, always asking why, he rarely focusses long enough to take in the answers he is given. His difficulty in maintaining his focus has made it challenging for him to achieve many of the learning outcomes we have covered this semester. He is a bright and capable student who is easily distracted by the environment around him as well as what is in his head. Loki has not achieved to the level that I feel that he is capable of.

Loki has demonstrated difficulty with crossing the midline and is continuing to require frequent reminders to hold his pencil correctly and be able use scissors. He often is reminded to maintain a seated position that is not the W sitting position.

Loki is a delightful student with a curious personality. I feel that Loki would benefit from a paediatric and occupational therapy assessment to assist him with his ongoing learning.

Kind Regards

Donnah Francome

Kindergarten Teacher

Government of **Western Australia**
Department of **Health**

***OFFICE USE ONLY***

Date received

UMRN

Intake site

Secondary site

# Child Development Service Referral Form

* Indicates a mandatory field

## 1 CLIENT DETAILS

*Child's surname: Morrison

*First name: Loki

Please list any other names this child has been known by:

*Child's Gender: Male [X] Female [ ]

*Date of Birth: 19/01/2017

Child's Current Age: 4 Years

Mother's full name when she gave birth (for administration purposes):

Birth Hospital/Site:

*Address: 40 Toledo Circuit

*Suburb: Port Kennedy

*Postcode: 6172

*Does this child/family have a Medicare Card? Yes [X] No [ ]

Medicare Number, if known:

Is this child of Aboriginal descent? Unsure [ ] Yes [ ] No [X]

If yes, which one?

Has this child attended a Child Development Service site before? Yes [ ] No [ ]

Is this child currently registered with the Disability Services Commission? Yes [ ] No [ ]

Is an interpreter required? Yes [ ] No [ ]

If yes, what language?

## 2 PARENT/GUARDIAN CONTACT DETAILS

***Primary contact person** *(Please tick one option)*

[X] Mother/Guardian [ ] Father/Guardian

[ ] Other

*Title: Mrs

*Surname: Morrison

*First name: Miranda

*Address: 40 Toledo Circuit

*Suburb: Port Kennedy *Postcode: 6172

Home Ph:

Mobile Ph: 0431052448

Work Ph:

Email:

*Preferred method of contact: Mobile Phone

**Alternative contact person** *(Please tick one option)*

[ ] Mother/Guardian [X] Father/Guardian

[ ] Other

Title: Mr

Surname: Morrison

First name: Raymond

Address: 40 Toledo Circuit

Suburb: Port Kennedy Postcode: 6,172

Home Ph:

Mobile Ph: 0459570046

Work Ph:

Email:

Preferred method of contact: Mobile Phone

## 3 REASON FOR REFERRAL (Please tick all that apply)

| | | | |
|---|---|---|---|
| [X] Fine motor | [ ] Behaviour/emotion | [ ] Functional skills (feeding, toileting, sleeping) | |
| [ ] Gross motor | [ ] Feet/lower limbs/gait | [ ] Play skills | [ ] General |
| [X] Speech/language | [ ] Head shape/position | [X] Learning | [X] Attention/concentration |
| [ ] Family/relational | [ ] Hearing | [X] Sensory | [ ] Other |

*Please provide a detailed description of each identified developmental concern in the space provided below:

Loki is a confident and engaging student. At any given opportunity he will engage with the adults in the room. Loki has difficulties with the pragmatics of conversation and understanding that a part of communication is listening. Loki struggles to wait to speak, often blurting out dialogue when not appropriate. Although he attempts to partake in all lessons, he struggles to maintain attention which has had a notable impact on his learning achievement. Loki's behaviour is often impulsive. He has shown difficulty with fine motor tasks, and still requires continued support to hold his pencil and use scissors.

- poor seating posture
- difficulty holding pencil or thick whiteboard marker
- difficulty crossing the midline
- difficulty holding and controlling
- easily distracted by visual and auditory stimuli

## 4 CLINICAL INFORMATION

Relevant Health History: (e.g. ENT history for speech & audiology referrals)

Additional Comments:

His parents have raised concerns with Loki's behaviour on several occassions. His Dad has noted that he himself has been diagnosed with ADHD and has seen many ADHD traits in Loki's behaviour that are consistent with what we are seeing at school.

Date of last hearing test: Result:

Date of last vision test: Result:

Day care/school attending: Yr: Ph:

Teacher's name:

Has this child been referred to/seen by a school psychologist? Unsure [ ] Yes [ ] No [ ]

Other agencies/professionals involved:

*Attached documents/reports: Yes [ ] No [X]

Please list attachments/reports:

## 5 REQUIRED INFORMATION – Parent/legal guardian consent

*(Insert name of parent/legal guardian)

Raymond Morrison gives consent for this child to be referred to the Child Development Service.

*Relationship to child: ☐ Mother/Guardian ☒ Father/Guardian ☐ Other (state relationship to the child below)

Has the parent/legal guardian consented for the CDS to contact the school/daycare? Unsure ☐ Yes ☒ No ☐

*Date of consent: 10/06/21

*Signature: or Verbal consent ☒

**Please note: Referral cannot be considered without signed or verbal consent of the legal guardian**

## 6 REQUIRED INFORMATION – Department for Child Protection and Family Support (CPFS)

*Is this child in the care of the CEO of the Department for Child Protection and Family Support (CPFS)? Yes ☐ No ☒

(Insert name of CPFS Authorised Officer)

gives consent for this child to be referred to the Child Development Service.

CPFS Office:

Email

*Date of consent:

*Signature: or Verbal consent ☐

**Please note: Referral cannot be considered without signed consent**

## 7 REQUIRED INFORMATION – Referrer information

***Referrer:** ☐ **Parent/legal guardian.** You are not required to complete the referrer information below.

☒ **Other.** Please complete the referrer information below.

Title: Mrs

*Surname: Francome

*First Name: Donnah

Occupation: Teacher

Organisation/School: Rockingham Lakes PS.

*Address: Laguardia Loop

*Suburb: Port Kennedy

*Postcode: 6172

*Phone: 95237800

Fax:

*Email: donnah.buxton@education.wa.edu.au

*Date of referral: 16/06/2021

**PLEASE RETURN COMPLETED REFERRAL BY ONE OF THE METHODS BELOW**

Post: PO BOX 1095 West Perth 6872
Fax: 9426 7676
E-mail: childdevelopmentservice@health.wa.gov.au

Thank you for your referral. Please await contact from the Child Development Service.
For more information contact the Child Development Service on 1300 551 827.

***Office use only***

☐ Accept ☐ Single ☐ Multi ☐ Fast Track ☐ Urgent ☐ Decline RR: AA:

PAQ required ☐ Yes ☐ No Other enclosures/letters:

Client status/history:

Notes:

Data entry: Triage CNS: Date: