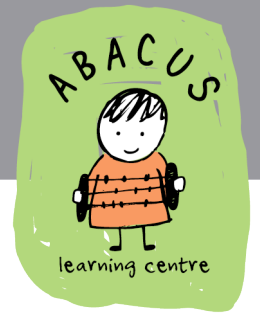


Behaviour Support



SAVE THIS FORM TO YOUR COMPUTER AND COMPLETE USING **ADOBE® READER®**

Dear Parent/Carer,

1. Please complete all sections of the referral form
2. All information is kept strictly confidential
3. Email completed form to nina.sutton@abacuslearning.org.au
4. Please include copies of any recent therapeutic plans and assessments

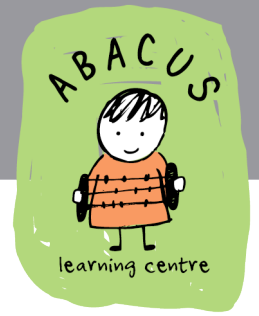
CHILD'S DETAILS

Surname	
Given Name(s)	
Name Child is Called (if different from given name)	
Date of Birth	
Country of Birth	
Language/s spoken at home	
Home Address	
	Suburb Postcode
Postal Address (if different from above)	
	Suburb Postcode

SCHOOL DETAILS

Name of School	
Grade	
Teacher	
Aide (if applicable)	
Aide time (if known)	
Address	
Telephone	

Do you give Abacus staff permission to contact your child's School?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
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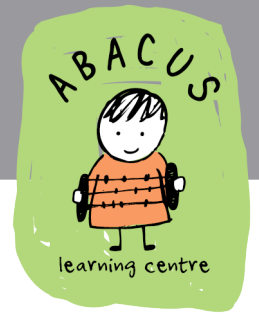
INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIAN

	Parent 1	Parent 2
Name		
Relationship to Child		
Address – as per child or:		
Home Phone		
Work Phone		
Mobile		
Email		
Does the child live with this parent?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		

	Guardian 1 (if applicable)	Guardian 2 (if applicable)
Name		
Address – as per child or:		
Home Phone		
Work Phone		
Mobile		
Email		
Does the child live with this guardian?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No

If the family a one parent family?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	--

Family Structure	Please tick <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
------------------	--



COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No [] go to the next section

Yes [] please bring the original court order/s for staff to see and a copy to attach to this enrolment form;

MEDICAL HISTORY

Does your child have any medical conditions / diagnoses?

--

Is your child currently taking any medications?

--

SENSORY DEFICITS

Did you ever feel your child might have had

a) Hearing Difficulties

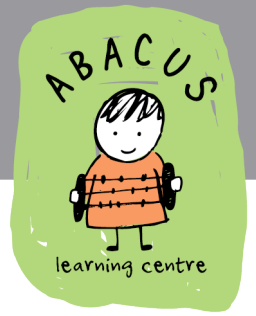
b) Problems Seeing

Does he / she show any sensitivity / fear of certain sounds (eg. vacuum, thunder, etc)?

--

DEVELOPMENTAL HISTORY

Crawl		Walk	
Sit Up		Eat Solids	
Engage in Language		Sleep Through the Night	
Further Comments			



SOCIAL AND PLAY BEHAVIOUR

What kinds of play and/or social interactions does your child enjoy?

--

LANGUAGE

Describe how your child's language has developed to this point in time

--

SELF-HELP SKILLS

Does your child need assistance with any self-help skills such as toileting and dressing? Please describe.

--

BEHAVIOURS

Does your child exhibit difficult behaviours? Please describe

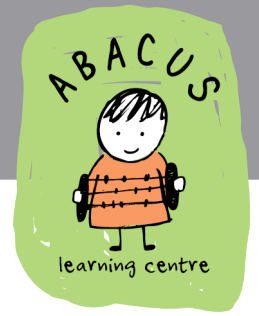
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When your child becomes upset, does he / she display aggressive behaviours, such as biting, pinching, hitting, etc?

Towards Self	
Towards Others	
Towards Property	

Does your child engage in any behaviours in a routine, repetitive or ritualistic manner?

--



OTHER SERVICES

Are you currently receiving other services, or have you done so in the past and for how long?	
Speech	
Occupational Therapy	
Psychology	
Physiotherapy	

Please describe the challenges your child is experiencing at home or school. What is the reason for this referral?

Has your child been approved for FaHCSIA's Helping Children with Autism Package?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the approval letter
CRN Number	