



# Early Links

Inclusion Support Service

19 Galway Bay Drive, Ashtonfield, NSW 2323

phone 02 4934 3773 fax 02 4934 3703

## Request for Service from Early Links (From pre-schools or early childhood centres)

Name of Centre: \_\_\_\_\_

Authorised Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Member primarily responsible for this child: \_\_\_\_\_

Child's Name : \_\_\_\_\_ M / F DOB: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Days of Attendance: M T W Th F Date Commenced at Centre: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m)

Parent Email: \_\_\_\_\_

**Summary of concerns that have initiated this referral** (please attach all relevant information):

Are there any concerns that the child's behaviour may put the child, other children or staff at risk? **Yes / No**

Does the Centre receive ISS funding for the child? **Yes / No**

Does the Centre receive DEC funding for the child? **Yes / No**

Does the Centre receive SCAN funding for the child? **Yes / No**

Does the Centre employ a support worker for the child? **Yes / No**  
Please give details:

Are you currently applying to any other service for support for this child in your centre? Please give details: **Yes / No**

Staff Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Summary of Parent/Guardian concerns:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does the child already have a diagnosis? **Yes / No**  
Please give details and attach any relevant reports:

List any other agencies involved with the child (e.g. speech therapy, medical professionals, another early intervention service such as Prelude):

Is the child from an Aboriginal or Torres Strait Islander background? **Yes / No**

Does the child have a language other than English at home? **Yes / No**

Expected year of school entry: \_\_\_\_\_

**Conditions of service**

- Early Links gives priority to children with the highest needs, based on the information that is provided.
- Early Links staff will visit children in their community settings, including Early Childhood Centres and the home.
- Where relevant Early Links will assist families to access services that are appropriate to meet their child's needs
- Early Links will need to share information with the referring service and may need to contact any of the agencies named above.
- Play-based observations may be carried out by Early Links staff to gain a better picture of the child's needs.

I agree to the above conditions:

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the Centre staff member responsible for this child I agree to keep written records of the child's progress in relation to this child's program and to make these available to the Early Links teacher at each visit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_