



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 Schools)

Child's Name : _____ Class: _____ M / F DOB: _____

Name of School: _____ Phone: _____

Teacher : _____ LST Coordinator: _____

Principal: _____ Counsellor : _____

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 school currently provide SLSO/aid support for the child?
Please give details: **Yes / No**

Has the school counsellor had any involvement with this child?
Please give details: **Yes / No**

Staff Signature: _____ Name: _____ Date: _____

Summary of Parent/Guardian concerns:

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):

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**

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 the school 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 school 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: _____

Referrer's signature: _____ Date: _____