ADDITIONAL INFORMATION FORM TO ACCOMPANY CHILDREN'S SERVICES REFERRAL FORM
Child aged from 12 months to 2 years11 months

Date of Referral	**Referrer**

In order to help services appropriately accept and prioritize referrals, this form should be completed by the parents or in consultation with them, and sent with the Children's Services Referral Form.
Please also attach any health or other reports you have on your child

Surname	**First Name**	**Date of Birth**

Parents' names and contact details

BIRTH HISTORY (Please attach any relevant reports)

Length of Pregnancy: Weeks/days	Place of Birth	Birth Weight

Was your child admitted to the neonatal unit? Yes☐ No ☐

Has your child ever been in hospital since they were born? Yes ☐ No ☐

If Yes, for what reason?

Please give details of any medications, hospital and nursing needs, breathing and feeding supports

YOUR CHILD'S DEVELOPMENT Please note some questions may not be relevant for your child

1. Movement and Gross Motor Skills

Has your child achieved the following?

Rolling from back to tummy	Yes ☐	At what age	Not yet ☐
Sitting	Yes ☐	At what age	Not yet ☐
Crawling	Yes ☐	At what age	Not yet ☐
Walking independently	Yes ☐	At what age	Not yet ☐
Running	Yes ☐	At what age	Not yet ☐

If your child is walking do they tend to walk on tiptoes? Yes ☐ No ☐

Is your child clumsier than other children their age? Yes ☐ No ☐

Describe any concerns you have about your child's movement and gross motor skills:

2. Fine Motor Skills and Hand Movement

Which of the following can your child do?

Pick up small objects such as raisins Yes ☐ Not yet ☐

Play with construction games e.g. building blocks or Duplo Yes ☐ Not yet ☐

Use a pencil or crayon to scribble or draw Yes ☐ Not yet ☐

Describe any concerns you have about your child's ability to use their hands

3. Communication, Speech and Language

Please explain how your child lets you know they want something? (e.g. crying, pulling, pointing, sounds, gestures, uses signs, uses pictures, words, sentences or a combination of these?)

Has your child achieved the following?

Babbling (e.g. gaga bada) Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐

Gestures such as wave "bye bye" and point? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐

First word such as 'cat' 'more'? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐

Putting two words together? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐

How many words can your child put together now in a sentence?

Give an example of the kind of things your child says now:

Does your child have difficulty understanding what you say? Yes ☐ No ☐

Please give details of any concerns you have about your child's speech, language, communication and voice:

4. Social Interaction, Relationships, Play and Leisure

When playing does your child allow you or other adults to join in? Always ☐ Sometimes ☐ Never ☐

When playing does your child allow other children to join in? Always ☐ Sometimes ☐ Never ☐

Describe how your child plays with others:

Describe what toys your child plays with and how they play with them:

What activity does your child like to do?

Does your child engage in pretend play and make believe games? Yes ☐ No ☐

Is there anything you would like us to know about your child's play, friendships and activities?

5. Daily Living Skills

5A Food and Drink

Do you have any concerns about your child's weight or growth? Yes ☐ No ☐

If Yes, give details

Do you have any concerns about your child's nutrition or the range of foods they eat? Yes ☐ No ☐

If Yes, give details

Describe your child's usual food, drinks and mealtime routine?

Can your child use a spoon to feed him or herself? Yes ☐ Not yet ☐

Can your child drink from a beaker with a spout or a cup by themselves? Yes ☐ Not yet ☐

Give details of any concerns about your child's ability to feed themselves

Do you have any concerns about ***how*** your child is chewing, swallowing or drinking? Yes ☐ No ☐

If Yes please describe

Are mealtimes stressful? Yes ☐ No ☐

If Yes please describe

Is your child on specialised feeds, drinks or foods? Yes ☐ No ☐

If Yes, give details

5B. Urinary and Bowel Habits

Please describe what stage your child has reached with toilet training

Are there any issues around toileting? Yes ☐ No ☐

If Yes, describe

5C. Sleep and Rest

Do you have concerns about your child's sleeping routine? Yes ☐ No ☐

If Yes, describe:

Do you have any concerns about your child's level of energy? Yes ☐ No ☐

If Yes, describe

6. Behaviour and Emotions

Have you any concerns about your child's emotional wellbeing and behaviour? At home ☐ Out and about ☐

Describe any concerns

Do the following statements describe your child? (Please tick the appropriate boxes)

Frequent prolonged tantrums ☐	Aggressive ☐	Irritable ☐	Excessive Crying ☐	Clingy ☐
Upset for seemingly minor things ☐	Withdrawn or too quiet ☐	Doesn't like change ☐	Frustrated ☐	Worries a lot ☐

If Yes to any of the above, how often does this occur? Daily ☐ Weekly ☐ Monthly ☐ Less often ☐

What impact does this have on your child and on your family and what helps to prevent problems?

7. Learning

Do you have any concerns about your child's ability to learn new skills? Yes ☐ No ☐

If Yes, describe

Has anyone else expressed any concern about your child's ability to learn, such as the creche, a family member?
Yes ☐ No ☐

If Yes, give details of the concern and who expressed it

8. Vision and Hearing

Does your child have vision problems which cannot be corrected with glasses? Yes ☐ No ☐

If Yes, give details

Does your child attend a specialist service for their vision or for their hearing? Yes ☐ No ☐

If Yes, give details

9. Sensory Processing

If you have concerns about your child's sensitivity to any of the following, either avoiding them or seeking them out, please tick:

Noise ☐ Touch ☐ Textures (such as fabrics) ☐ Movements ☐ Smells ☐ Food ☐ Lights ☐

If you have ticked any of the above, please give details and describe how this impacts on everyday life

10. **Is there anything else you would like to tell us about your child?**

Tell us what your child enjoys and is good at as well as the things they find difficult:

What is your main concern and priority for your child?

Safety and Risk

Are there any issues which are a significant risk to the health and wellbeing of your child or others, such as physical injury to self or others, refusal to eat?

Please give details of who completed this form

Form completed by:

Relationship to child:

Contact details:

Date:

N.B. Please attach copies of any health or pre-school reports that you have.