	Daughters Chari	s of ty Service	Feithmeannach na Seirbhise Sliime Health Service Euscutive	() St. Michael's House				
ADDITIONAL INFORMATION FORM TO ACCOMPANY CHILDREN'S SERVICES REFERRAL FORM								
Child aged from 3 years	to 5 year	s 11 mo	onths					
Date of Referral:	Re	eferrer:						
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 school or pre-school reports you have on your child								
Child's Surname	Child's	s First Nam	ne	Date of Birth				
Parents' names and contact details	s:							
BIRTH HISTORY (Please attach any relevant reports)								
Length of Pregnancy weeks	/days Pla	ce of Birth		Birth Weight				
Was your child admitted to the neona	tal unit? Yes	s 🗌 No 🗌						
Has your child ever been in hospital s If Yes, for what reason? Please give details of any medication				feeding supports:				
YOUR CHILD'S DEVELOPMENT Please n	ote some que	estions may	not be relevant for your	child				
1. Movement and Gross Motor Skill	s							
Has your child achieved the follow	-							
Walking independently		At what age						
Running		At what age		-				
Jumping		At what age						
Climbing up and down stairs	_	At what age						
Throwing a ball Catching a ball		At what age At what age						
-		-	-					
Kicking a ball Please tick if any of the following c		At what age						
Trips more than other children their a								
Falls more than other children their ag	-							
Bumps into other things more than other children their age								
Tends to walk on tiptoes								
Clumsier than other children their age	•							
My child is losing skills they did have								

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My child's posture looks different from other children	
If you have ticked any of these, give details:	
Is your child keeping up with other children of their age in physical	sical development and activity? Yes 🗌 No 🗌
If No, give examples	
Describe any other concerns you have about your child's mov	ement and gross motor skills
2. Fine Motor Skills and Hand Movement	
Which of the following can your child do if they have had	a chance to try it?
Pick up small objects such as raisins or beads	
Play with construction toys such as building blocks or Lego	
Use a pencil or crayon to scribble or draw	Yes No
Use a child's scissors to cut paper	Yes No
Open their lunchbox	
Describe any concerns you have about your child's fine motor	
Describe any concerns you have about your child's lifte motor	
3. Communication, Speech and Language	
Please explain how your child communicates <u>most</u> of their me gestures, uses signs, uses pictures, words, sentences or a co	
	mbination of these ()
Has your child achieved the following?	
First words, 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	e?
Give an example of the kind of things your child says now	
Do any of the following describe your child's speech, lang	
My child has difficulty understanding what I say Yes □ No □]
If yes, please give examples	
My child has difficulty telling a story, such as telling me about	something that happened during their day. Yes 🗌 No 🗌
wy child has difficulty tening a story, such as tening the about	
My child finds it hard to pronounce/say certain sounds, for exa	ample says "tup" for "cup Yes 🗌 No 🗌
Please give details of any concerns you have about your child	's speech language, communication and voice
	o opecen, 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			
Does your child show an interest in other children? Yes No			
Does your child take turns with other children? Yes D No D			
Does your child share toys with other children? Yes No			
What toys does your child like to play with and how do they play with them?			
Does your child engage in imaginative play e.g. pretend and make believe games?			
What activities do your child like to do?			
Please give any further comments 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			
Please enclose any growth or weight charts available			
Do you have any concerns about how much your child eats and drinks, 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 themselves? Yes INO Can your child drink from a cup by themselves? Yes INO			
If No, give details:			

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Do you have any concerns about <u>how</u> your child is eating, swallowing and drinking? Yes 🗌 No 🗌
If Yes please describe:
Are mealtimes stressful? Yes 🗌 No 🗌
If Yes please describe
Is your child on any specialised feeds, drinks or food? 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. Personal Care, Dressing and Independence
Does your child dress themselves? Yes D No D With some help D
Does your child undress themselves? Yes D No D With some help D
Describe what your child can do for themselves
Have you any concerns about your child's safety awareness in the home or out and about? Yes 🗌 No 🗌
If Yes, describe
5D Sleep
Do you have any concerns about your child's sleep routine? Yes 🗌 No 🗌
If Yes please describe
Have you any concerns about your child's level of energy? Yes 🗌 No 🗌
If Yes please describe

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6. Behaviour and Emotions								
Do you have concerns about your child's emotional wellbeing and behaviour?								
At home 🗌 At crèc	he, pre-school or school 🗌	Out and about 🗌						
Please describe any	concerns							
Do the following sta	atements describe your cl	hild's behaviour? (Pleas	e tick the appropriate be	oxes)				
Frequent prolonged	Aggressive	Irritable	Excessive Crying	Clingy				
tantrums								
Upset for seemingly	Withdrawn/too quiet 🗌	Doesn't like change	Frustrated	Worries a lot				
minor things 🗌								
If Yee to any of the a	bove, how often does this c		Monthly Loop offen					
what impact does the	is have on your child and or	n your family and what he	ips to prevent problems					
-								
7. Learning								
Do you have any con	icerns about your child's ab	ility to learn new skills? Y	′es 🗌 No 🗌					
If yes please describ	e							
Has anyone else expressed any concern about your child's ability to learn such as a teacher, psychologist, family member? Yes								
If Yes give details of the concern and who expressed it								
-								
Do you have any concerns about your child's ability to concentrate? Yes D No D								

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Is your child having any difficulties keeping up with learning or school work? Yes \Box No \Box
If Yes give details
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 hearing? Yes \Box No \Box
If Yes, give details
9. Sensory Processing
If you have concerns about your child's sensitivity to any of the following, either avoiding them, getting annoyed with 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, describe how this impacts on everyday life for your child and for you
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:

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