

**CLIENT REFERRAL:  
PARENT/CARER REQUEST**

**CLIENT INFORMATION**

Client's full name:

Date Of Birth:

Gender:    Male ☐    Female ☐    Other ☐    Please specify:

Home Language/s:

**CURRENT EDUCATION**

Preschool/School/College/Home Education:

**PARENT/CARER INFORMATION**

Parent/carer name/s:

Relationship to client:

Home Telephone:

Mobile/s:

Email:

Preferred contact:

Address:

**REASON FOR REFERRAL**

**Please state any relevant information from previous professional assessments/intervention**

**Diagnosis/needs:**

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## CLIENT REFERRAL: PARENT/CARER REQUEST

SPEECH & LANGUAGE				
EXPRESSIVE LANGUAGE	Always	Often	Sometimes	Never
Speaks with learned phrases				
Echoes what is said				
Uses single words				
Uses short sentences/ phrases				
Requests immediate needs				
Relates stories or recites from memory				
Speech is often filled with substitute words with another of similar meaning (e.g., 'I cut the meat with a sword')				
<b>Comments:</b>				
RECEPTIVE LANGUAGE (understanding)	Always	Often	Sometimes	Never
Needs support in attending to what is said				
Needs help in following spoken instructions				
Can follow 2 step instructions' Do X and Y'				
Confusion in understanding the meaning of words				
Shows confusion over words with similar sounds (e.g., mishears 'key' for 'tea' or 'cage' for 'cake')				
<b>Comments:</b>				
SOCIAL LANGUAGE/INTERACTION	Always	Often	Sometimes	Never
Wants to communicate with other people				
Makes friends				
Uses language that is appropriate for the social situation				
Shows difficulty taking turns				
Shows difficulty in understanding body language & facial expressions				
Tends to make literal interpretation				
<b>Comments:</b>				
SPEECH PRODUCTION	Always	Often	Sometimes	Never
Has clear speech				
Shows difficulty saying words with difficult sound patterns (e.g., aluminum, specific, rhinoceros)				

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Tends to repeat initial sounds syllables (e.g., 'f-f-fish'/'wa-wa-water') – appears to be stammering				
<b>Comments:</b>				
<b>MOTIVATION</b>	Always	Often	Sometimes	Never
Appears happy in play/activity/task of choice				
Can carry out preferred activity independently				
<b>Comments:</b>				

OCCUPATIONAL THERAPY			
<b>SELF CARE SKILLS</b>	Independent	With verbal help	With physical help
Toileting			
Washing			
Dressing			
Cleaning teeth			
Drinking			
Eating			
Sleeping			
<b>Comments:</b>			
<b>SENSORY</b>	Seeks	Avoids	No issue
Noise			
Physical movement/balance			
Smell			
Taste			
Touch			
Sight			
Other			
<b>Comments:</b>			
<b>MOTOR</b>	Independent	With help	Never
Can sit upright at table			

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Throw and catch a ball			
Riding a bike			
Pencil control			
<b>Comments:</b>			
<b>EMOTIONS</b>	Always	Sometimes	Never
Asks for help			
Responds to feelings in other people			
Can use happy/sad/angry to express own feelings			
Can relax without support			
<b>Comments:</b>			

*Thank you for your referral request. A member of the Sundial Therapy team will be in touch within 5 working days during term time.*

Signed:

Date of referral: