REFERRAL FORM

Little Orchids

Date _____

Source of Referral

Name of Referrer_____

Address of Referrer_____

_____

Contact No. of Referrer _____

Details of Child

Name of child: _____

Child's D.O.B.: _____

To meet the eligibility criteria for a place at Little Orchids a child needs to be experiencing a delay or a difficulty in at least three of the following key areas of development. Please tick which three areas (or more) of development this child is having difficulties with and write a brief sentence for each of these areas outlining how these difficulties affect the child/what your concerns are:

☐ Language and communication

_____

_____

_____

☐ Play Skills

_____

_____

_____

☐ Behaviour

_____

_____

_____

☐ Social Interaction

_____

_____

_____

☐ Physical Development

_____

_____

_____

☐ Sensory Processing Difficulties

_____

_____

_____

☐ Other

_____

_____

_____

Details of Parents/Carers:

Name of Parents/Carers_____

Home Address:

_____

_____

_____

Contact Telephone Number (s) of Parents:

_____

_____

Address and Telephone No. of Child's GP:

_____

_____

Names and Contact Numbers of professionals working with the Child (Occupational Therapist, Speech Therapist, Physiotherapist, Health Visitor, Social Worker etc.):

_____

_____

_____

Any other relevant information (other siblings at home, family support etc.):

_____

_____

Please return form to Maura McGregor, Centre Manager, Little Orchids, Woodlea House, Gransha Park, L'Derry, BT47 6TF or email to littleorchids@live.co.uk

Tel: 02871864338