



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

(for requests other than from pre-schools or early childhood centres)

Name of Referring Service: _____

Name of Referrer: _____ Phone: _____

Title of Referrer: _____

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

Parent Name(s): _____

Address: _____ Postcode: _____

Phone: _____ (h) _____ (w) _____ (m)

Summary of concerns that have initiated this referral (please attach all relevant information):

Are you currently applying to any other service for support for this child? **Yes / No**
Please give details:

Does the child attend a preschool or childcare service? ***Yes / No**

Is the child on a waiting list for a preschool or childcare service? ***Yes / No**

* Please give details:

Name of Service: _____ Phone no: _____

Summary of parent concerns:

Parent Name: _____

Parent Signature: _____ Date: _____

Does the child already have a diagnosis? **Yes / No**

Please give details and provide copies of relevant reports:

List any other agencies involved with the child e.g. speech therapy, medical professionals, another early intervention service such as Prelude/Samaritans:

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**

Expected year of school entry: _____

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 Early Childhood Centres 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 referring service 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 signature: _____ Date: _____

Referrer's signature: _____ Date: _____