



Statewide Support Service

Kilparrin Teaching & Assessment School and Services
1 C Duncan Avenue
Park Holme SA 5043
Tel: (08) 8277 5999
Fax: (08) 8277 5800
Courier: Southern Adelaide

Request for Support: Early Intervention
Confidential

Note: All sections of this referral form must be completed before it can be considered

SECTION 1: IDENTIFYING INFORMATION

CHILD DETAILS

Surname: Given Name: Date of Birth:

Parent(s)/Caregiver(s):

Address: Telephone No.: (work)

Post Code: Telephone No.: (home)

DISABILITY INFORMATION

Sensory Impairment (please tick ✓): Vision Hearing

Other known conditions:

STATISTICAL INFORMATION (Please complete in full)

These details are kept confidential and used to provide information about groups of children using the service.

Gender: Male Female

Non-English Speaking Background: Yes No

Identifies self as Aboriginal or Torres Strait Islander Yes No

Pre-term birth Yes No

SECTION 2: REFERRAL INFORMATION

Describe your concerns about your child's development

Five horizontal lines for describing concerns.

What outcomes would you like as a result of this referral?

Five horizontal lines for describing outcomes.

OTHER AGENCIES/SERVICES INVOLVED (please tick)

- Autism SA, CanDo4Kids, Down Syndrome Society of SA, DeafCanDo, Cora Barclay Centre, Novita Children's Services, Early Intervention Service - Hearing Impaired, Disability S.A., Families SA, RIDBC

Other (please specify).....

SECTION 3: MEDICAL INFORMATION

For this referral to proceed a recent copy of a medical/specialist report relating to vision and/or hearing impairment is required.

Ophthalmologist's name _____

Report attached (*please circle*) **Yes / No**

Address _____

Audiologist's name _____

Report attached (*please circle*) **Yes / No**

Address _____

Paediatrician's name _____

Report attached (*please circle*) **Yes / No**

Address _____

Other Specialists _____

Child's Record Number at Hospital (*if applicable*) Hospital Record No

PARENT/CAREGIVER CONSENT

1. I consent to my child having support from Kilparrin Support Teachers at home/childcare Yes No
2. I give permission for medical details relevant to my child to be released to Kilparrin Yes No
3. I consent to the exchange of relevant information with the agencies/services listed above Yes No

Best contact time and phone number for parent/caregiver. _____

Parent/Caregiver Name (*please print*): _____

Signed (*parent/caregiver*): _____ Date: _____

THE ROLE OF THE KILPARRIN SUPPORT TEACHER

Kilparrin Support Teachers are employed by DECD to provide information and help support the learning programmes developed for children with sensory impairment/s (vision and/or hearing) and additional disabilities.

The Support Teacher may assess the child's level of development in specific areas and provide information about how the child's combined impairments impact on learning. The Support Teacher works with parents/caregivers to implement recommendations and monitor progress.

The Support Teacher may provide equipment and suggestions for parents/caregivers for follow-up activities.

The Support Teacher may suggest or facilitate involvement in one of the Kilparrin playgroups.