



Kilparrin Teaching and Assessment School and Services Statewide Support Service

1 C Duncan Avenue
Park Holme SA 5043
Tel: (08) 8277 5999
Fax: (08) 8277 5800
Web: www.kilparrin.sa.edu.au
E: dl.1372.info@schools.sa.edu.au

Request for Kilparrin Support: Early Intervention

For students who have hearing and/or vision impairment and additional disabilities

Confidential

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

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

OTHER AGENCIES/SERVICES INVOLVED (*please tick ☐*)

Autism SA	<input type="checkbox"/>	Novita Children's Services	<input type="checkbox"/>
CanDo4Kids	<input type="checkbox"/>	Early Intervention Service - Hearing Impaired	<input type="checkbox"/>
Down Syndrome Society of SA	<input type="checkbox"/>	Disability S.A.	<input type="checkbox"/>
DeafCanDo	<input type="checkbox"/>	Families SA	<input type="checkbox"/>
Cora Barclay Centre	<input type="checkbox"/>	RIDBC	<input type="checkbox"/>

Other (*please specify*).....
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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 Advisory 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 ADVISORY TEACHER

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

The Advisory 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 Advisory Teacher works with parents/caregivers to implement recommendations and monitor progress.

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

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



Government of South Australia
Department for Education