



**CONFIDENTIAL REFERRAL FORM**

1. This referral form should be completed by a professional and emailed to [waitinglist.asd@gmail.com](mailto:waitinglist.asd@gmail.com) or hand delivered to 20 Anglesey Road, Rondebosch East)
2. Please answer all questions and attach your full referral report as well as all other available reports.
3. A screening interview will not be conducted unless this form has been completed in full.

**1. PERSONAL INFORMATION**

Name of child: .....Date of birth: .....

Residential address: .....

.....Area code: .....

Gender: M: ☐ F: ☐

Home tel. no: .....Cell no: .....

Home language/child's first language: .....

Present school: .....School Grade: ....

Class Teacher: .....Principal: .....

School tel. no: .....Fax no: .....

Father's name: .....Age: .....

Occupation: .....Work tel. no: .....

Mother's name: .....Age: .....

Occupation: .....Work tel. no: .....

Contact email address: .....

**2. REASON FOR REFERRAL**

- ☐ Diagnosis
- ☐ Confirmation of diagnosis
- ☐ School placement
- ☐ Other - please specify:

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In your opinion this child has difficulty in the following areas:

- ☐ Cognitive/scholastic
- ☐ Emotional
- ☐ Social/Family circumstances
- ☐ Behavioural
- ☐ Other (specify):

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The child has been assessed by:

- ☐ Psychologist
- ☐ Speech Therapist
- ☐ Occupational Therapist
- ☐ Psychiatrist
- ☐ Physiotherapist
- ☐ Neurologist
- ☐ Other:

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If the child has undergone any formal assessment please furnish all available reports.

Has the child been diagnosed with any other syndrome or disorder, physical disability, neurological disorder or other illness?

If yes, please specify:

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Is there any other medical information that we should be aware of (including any pending investigations e.g. CT scan, EEG etc)?

If yes, please specify:

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### 3. **DESCRIPTION OF THE CHILD:**

Describe the child in terms of the following areas:

#### 1. Quality of his/her social behaviour

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#### 2. Quality of his/her communication :

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#### 3. His/her narrow restricted patterns of interest and behaviour:

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#### 4. His/her sensory and perceptual problems:

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5. Scholastic level of functioning:

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4. **REFERRED BY**

Dr/Mr/Ms: ..... Tel no: .....

Address: ..... Fax no: .....

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Do the parents know about this referral? What have they been told about the reason for the referral?

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Depending on the area that the child resides in, the parents will be contacted by one of the following schools for a screening interview:

Alpha	Woodstock
Vera	Rondebosch East
Noluthando	Khayelitsha
Glenbridge	Diep River
Chéré Botha	Bellville
Ligstraal	Paarl
Langerug	Worcester
Beacon	Mitchells Plain
Dorothea	Stellenbosch
Klein Karoo	Oudtshoorn
Carpe Diem	George

DATE: .....

SIGNATURE: .....

**FOR OFFICE USE ONLY:**

<b>DATE RECEIVED</b>		
<b>DATE OF SCREENING INTERVIEW</b>	<b>Date:</b>	
<b>TEAM</b>		
<b>APPOINTMENT MADE</b>	<b>Date:</b>	
<b>APPOINTMENT CONFIRMED</b>	<b>Date:</b>	
<b>COSTS PAID</b>		Yes No
<b>COSTS WAIVED</b>		Yes No

