



# 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.: \_\_\_\_\_

### Details of Parents/Carers:

Name of Parents/Carers \_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Telephone Number (s) of Parents:

\_\_\_\_\_

\_\_\_\_\_

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

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Play Skills

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Behaviour

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Social Interaction

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Physical Development

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Sensory Processing Difficulties

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Other

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Address and Telephone No. of Child's GP:

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

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

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**Please return form to Margaret Kirk, Centre Manager, Little Orchids, Woodlea House, Gransha Park, L'Derry, BT47 6TF or email to [littleorchids@live.co.uk](mailto:littleorchids@live.co.uk)**

**Tel: 02871864338**