

Referral Documents Checklist

Please ensure all of the paperwork is completed and enclosed with each referral and send by email: mft.tctsnoreply@nhs.net

Incomplete referrals will not be accepted

It is also recommended that you complete the application documents and retain a copy for your records.

- Referral for Trafford Children's Therapy Service
- Sensory Checklist
- Evidence sheet

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Referral for Trafford Children's Therapy Service

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS AND RETURN TO mft.tctsnoreply@nhs.net

NOTE: Incomplete referrals cannot be processed and will be rejected.

Family Name		Child's first name(s)	
NHS Number:			
Gender	M	F	Date of birth
Address			
Postcode		Telephone:	
		Mobile:	
		Email address:	
Ethnicity	If other, please specify:		
<input type="checkbox"/> White British <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Black African <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background <input type="checkbox"/> White & Asian <input type="checkbox"/> Info not obtained	<input type="checkbox"/> White Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Any other Black background <input type="checkbox"/> Bangladeshi <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> Refused	<input type="checkbox"/> Any other White background <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background <input type="checkbox"/> Any other Mixed background	
Child's first language		Parent/Carer's first language	
Is an interpreter required?	Yes	No	Religion
Trafford GP		School/ Nursery	
Who else is involved with the child?			
Please attach any relevant forms, observations, programmes of work.			
Educational Psychologist	<input type="checkbox"/>	Teaching Assistant	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	Paediatrician	<input type="checkbox"/>
<input type="checkbox"/>		Clinical Psychologist	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	Orthopaedic Consultant	<input type="checkbox"/>
<input type="checkbox"/>		Consultant (Other)	<input type="checkbox"/>
		Other (AHP)	<input type="checkbox"/>
Name and telephone number of Social Worker _____			
Others: _____			
Stage of SEND Code of Practice: _____			



Reason(s) for referral
Please give specific details of the difficulties using extra page if necessary

Past Medical History – including allergy status

Current Investigations / Treatment

>X- rays	> Injection
> Drugs	>Other

Indicate Therapy Service required:

Occupational Therapy

Consent:	Yes	No
I agree to this referral	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for other professionals to be contacted about this referral. This includes school/nursery.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the Therapist to leave text, or telephone messages regarding appointments.	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Carer signature..... Date:

(BLOCK CAPITALS)

Referrer details (BLOCK CAPITALS):

Name		Role	
Address		Telephone	
Email			

I have discussed the referral with the parent/carers and have agreed to sign on their behalf:

REFERRER SIGNATURE:.....Date:.....

Please send completed forms to:



Sensory Processing Infant/ Toddler (<3years) Checklist:

Please tick (✓) the one that is applicable to your child.

- My infant/toddler has problems eating.
- My infant/toddler refused to go to anyone but me.
- My infant/toddler has trouble falling asleep or staying asleep.
- My infant/toddler is extremely irritable when I dress him/her; seems to be comfortable in clothes.
- My infant/toddler rarely plays with toys, especially those requiring dexterity.
- My infant/toddler has difficulty shifting focus from one object/activity to another.
- My infant/toddler does not notice pain or is slow to respond when hurt.
- My infant/toddler resists cuddling, arches back away from the person holding him.
- My infant/toddler cannot calm self by sucking on a pacifier, looking at toys, or listening to my voice.
- My infant/toddler has a "floppy" body, bumps into things and has poor balance.
- My infant/toddler does little or no babbling, vocalizing.
- My infant/toddler is easily startled.
- My infant/toddler is extremely active and is constantly moving body/limbs or runs endlessly.
- My infant/toddler seems to be delayed in crawling, standing, walking or running.

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Sensory Processing Pre-School (3-4 years) Checklist Checklist

Please tick (✓) the one that is applicable to your child.

- My child has difficulty being toilet trained.
- My child is overly sensitive to stimulation, overreacts to or does not like touch, noise, smells, etc.
- My child is unaware of being touched/bumped unless done with extreme force/intensity.
- My child has difficulty learning and/or avoids performing fine motor tasks such as using crayons and fasteners on clothing.
- My child seems unsure how to move his/her body in space, is clumsy and awkward.
- My child has difficulty learning new motor tasks.
- My child is in constant motion.
- My child gets in everyone else's space and/or touches everything around him.
- My child has difficulty making friends (overly aggressive or passive/ withdrawn).
- My child is intense, demanding or hard to calm and has difficulty with transitions.
- My child has sudden mood changes and temper tantrums that are unexpected.
- My child seems weak, slumps when sitting/standing; prefers sedentary activities.
- It is hard to understand my child's speech.
- My child does not seem to understand verbal instructions.

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Sensory Processing Primary school Checklist

Please tick (✓) the one that is applicable to your child.

- My child is overly sensitive to stimulation, overreacts to or does not like touch, noise, smells, etc.
- My child is easily distracted in the classroom, often out of his/her seat, fidgety.
- My child is easily overwhelmed at the playground, during recess and in class.
- My child is slow to perform tasks.
- My child has difficulty performing or avoids fine motor tasks such as handwriting.
- My child appears clumsy and stumbles often, slouches in chair.
- My child craves rough housing, tackling/wrestling games.
- My child is slow to learn new activities.
- My child is in constant motion.
- My child has difficulty learning new motor tasks and prefers sedentary activities.
- My child has difficulty making friends (overly aggressive or passive/ withdrawn).
- My child 'gets stuck' on tasks and has difficulty changing to another task.
- My child confuses similar sounding words, misinterprets questions or requests.
- My child has difficulty reading, especially aloud.
- My child stumbles over words; speech lacks fluency, and rhythm is hesitant.

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Sensory Processing adolescent (12-17years) Checklist

Please tick (✓) the one that is applicable to your child.

- I am over-sensitive to environmental stimulation: I do not like being touched.
- I avoid visually stimulating environments and/or I am sensitive to sounds.
- I often feel lethargic and slow in starting my day.
- I often begin new tasks simultaneously and leave many of them uncompleted.
- I use an inappropriate amount of force when handling objects.
- I often bump into things or develop bruises that I cannot recall.
- I have difficulty learning new motor tasks, or sequencing steps of a task.
- I need physical activities to help me maintain my focus throughout the day.
- I have difficulty staying focused at work and in meetings.
- I misinterpret questions and requests, requiring more clarification than usual.
- I have difficulty reading, especially aloud.
- My speech lacks fluency, I stumble over words.
- I must read material several times to absorb the content.
- I have trouble forming thoughts and ideas in oral presentations.
- I have trouble thinking up ideas for essays or written tasks at school.

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Evidence Sheet

To be completed by the staff member working with the child to implement the strategies.

Child's Name: Class:

Teacher/TA's Name's:

Area of difficulty / sense impacted:

How does the child present?

What areas of performance / activities are impacted?

Activities / Strategies implemented:

Outcome – child's response / progress:

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