**Trafford Early Development Service (TEDS) Referral form**

Please send completed referrals to [TEDS.REFERRALS@mft.nhs.uk](mailto:TEDS.REFERRALS@mft.nhs.uk)

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| **Surname:**  **Forename:**  **Address:** | **Date of Birth**:  **NHS Number:**  **Gender:**  **Home Telephone:**  **Mobile Telephone:**  **E-mail Address:** |

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| **Language Spoken:**  **Interpreter Required: Yes No**  **Preference for interpreter: Male Female**  (Please delete as appropriate ) | **Religion:**  **Ethnicity:** |

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| **Other Professionals Involved:** | **GP Name:**  **Practice Name:**  **Practice Address:**  **Nursery / School Attended:** |

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| **\*Diagnosis / Reason for referral:**  (Please give as much detail as possible about the child’s development, interaction and play skills and what your concerns are) | |
| **Additional information, safeguarding concerns, etc.** | |
| **Referrer:**  **Address:**  **Contact details:** | **Date of Referral:**  **Parental consent:** |

**Referral Criteria for TEDS:**

A Trafford GP and/or a Trafford address is required.

Referrals are accepted for children between the ages of 0-3 years. A referral may be considered for a 3-year-old child with a September birthdate.

Child must present with significant delay in 2 developmental skill areas or have a diagnosis which would indicate a high likelihood of significant developmental skill delay.

Please note that ASQ3 assessment outcomes may not always indicate a significant developmental skill delay. Please refer to the “TEDS Referral Information Guide” section to support referral completion.

Please note that ASQ 3 SE outcomes may indicate that a referral to the Community Paediatrician is required. However, the ASQ3 SE outcomes without other areas of significant developmental skill delay do not necessarily indicate that a referral to TEDS will be accepted.

**TEDS Referral Information Guide:**

**Please note that this is a guide to support your referral to TEDS. Referrals to TEDS do not require all the information provided to be included.**

**Child – up to the age of 12 months:**

Gross Motor Skill presentation such as head control, foot regard, rolling, sitting unaided, standing with support, crawling, pulling to stand.

Fine Motor Skill presentation such as hand regard, hands to midline, palmar grasp, transferring small objects from hand to hand and pincer grasp.

Receptive Language Skill presentation such as response to parent’s voice, attention to everyday sounds, understanding of “no” and “bye bye” and response to name.

Expressive Language Skill presentation such as cooing responses, babbling and copying sounds

Social Skill presentation such as social smile and response to friendly handling.

**Child – up to the age of 2-3 years:**

Gross Motor Skill presentation such as cruising, bottom shuffling, independent standing, squatting, independent walking, climbing and jumping.

Fine Motor Skill presentation such as turning pages of a book, block building and mark making skills.

Receptive Language Skill presentation such as response to name, response to simple instruction, identifying body parts, following a 2-step instruction.

Expressive Language Skill presentation such as a history of language loss, sounds/words used, copying sounds/words and gestures such as pointing, clapping, waving and high fives.

Play skills such as symbolic (imaginative) play, solitary play, parallel play.

Behaviours such as oral exploration of non-food items, tiptoe walking, spinning, hand flapping and any other behaviours identified.

**PLEASE CONTACT SIAN WILLIAMS (TEAM LEADER/SPECIALIST HEALTH VISITOR) OR JULIE KEEGAN (SPECIALIST HEALTH VISITOR) TO DISCUSS A REFERRAL AND/OR TO ACCESS ADVICE AND SUPPORT AS REQUIRED.**

**TEDS CONTACT NUMBER – 0161 9125108**

**WORK MOBILE FOR SIAN WILLIAMS – 07966778911**

**WORK MOBILE FOR JULIE KEEGAN -07977352199**