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| --- | --- |
| Date of referral: | Name of person requiring assistance |
| DOB: | Ethnicity: |
| Where is this person currently residing? (town/region of NZ and please indicate if living in the community/some type of residence/secure facility) | Which site at Oranga Tamariki is involved? |
| Referred by: | Referrer’s role, agency and contact information: |
| Date/time/location of FGC if known: | Date/time/location of any pre-FGC meetings the speech-language therapist needs to attend: |
| Brief description of reason for FGC: | Has this person had any previous FGCs? |
| Where should the assessment be held? | Who should we contact to arrange the assessment? |
| Does this person have a court-appointed Communication Assistant already? If so, which court and who is the CA? | Languages spoken/understood by the individual and their family: |
| Has funding been approved by Oranga Tamariki for this assessment? | Please provide contact person and email address for quotes/invoicing: |
| Reason for referral: (What do you observe that concerns you about the person’s ability to communicate (spoken/written communication and understanding of language): | |
| Any issues relating to hearing impairment: | |
| Any issues relating to education/literacy? Please provide current education provider: | |
| Developmental or health history/ relevant diagnoses (Information cut and pasted from reports is acceptable – please identify author): | |
| Please note anything that the assessor needs to be aware of to ensure safety during the assessment: | |

Professionals involved:

|  |  |  |
| --- | --- | --- |
| Name | Phone: | email: |
| FGC Coordinator: |  |  |
| Social Worker: |  |  |
| Officer in Charge: |  |  |
| Youth Advocate/Counsel for Child: |  |  |
| Lay Advocate: |  |  |
| Other: |  |  |

Please return this form to **[referrals@talkingtroublenz.org](mailto:referrals@talkingtroublenz.org) phone 09 8898738 to discuss**