

From : Principal / Head Teacher
KG / Nursery
Ref.:
Tel. No.:
Fax No.:
Date:

To: Medical Officer in-charge
East Kowloon MCHC
Ref.:
Tel. No.: 2321 7822
Fax No.: 2324 9077
Total. Pg.: (including this leader page)

**Comprehensive Child Development Service (CCDS)
Preschool Referral and Reply
Referral for Maternal and Child Health Centre (MCHC) Service**

I am referring the child _____(name) to your centre for service.

()

Please contact _____ on Tel no. _____ if message received is incomplete.

From : Medical Officer in-charge
East Kowloon MCHC
Date:

To: Principal / Head Teacher
KG / Nursery
Total. Pg.:

Acknowledgment of the fax referral

- Thank you for referring the child to our centre for service. We will contact the parent and arrange services for the child. We will let you know about the progress in our subsequent reply. Please feel free to contact us for further queries.

(MCHC chop)

**Comprehensive Child Development Service (CCDS)
Preschool Referral and Reply
Referral for MCHC Service (Preprimary institutions)**

I. Particulars of the Child

| | |
|-------------------------------|---|
| 1. Name | |
| 2. Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 3. Date of Birth | |
| 4. Parents / Guardian | Father: _____ Mother: _____ |
| | Guardian: (if applicable) _____ |
| 5. Contact phone no. | |
| 6. Schooling | <input type="checkbox"/> Playgroup <input type="checkbox"/> N1 <input type="checkbox"/> K1 (N2) <input type="checkbox"/> K2 (N3) <input type="checkbox"/> K3 (N4) <input type="checkbox"/> Others: _____ |
| 7. Date of enrollment | |
| 8. Service currently received | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ |
| 9. MCHC registered | _____MCHC Registration no.: _____ |

II. Aspects of developmental observation of the child

| | |
|---------------------------|--|
| General learning ability | e.g. attention, learning motivation |
| Understanding of concepts | e.g. general knowledge, concept formation, literacy, mathematics |
| Language ability | including understanding and speaking |
| Social behaviour | e.g. peer relationship, group participation, rule following |
| Behaviour / emotion | |
| Motor ability | |
| Self-care skills | |
| Others | |

III. Attachment(s) if any: assessment / progress reports previous learning records
 others: _____ (please specify)

IV. Reason(s) for referral

| | Time of identification |
|--|------------------------|
| <input type="checkbox"/> Learning problem | |
| <input type="checkbox"/> Language / articulation problem | |
| <input type="checkbox"/> Emotional / behaviour problem | |
| <input type="checkbox"/> Physical health problem | |
| <input type="checkbox"/> Parenting problem | |
| <input type="checkbox"/> Family problem | |
| <input type="checkbox"/> Others : (please specify) | |

V. Information of the preprimary institution

Referring teacher: _____ Signature: _____

Principal / Head teacher: _____ Signature: _____

Phone No. : _____ Fax no.: _____

Date of referral: _____

VII. Parent's consent

I _____ (parent / guardian), hereby consent for my child _____ to be referred to East Kowloon MCHC for assessment. I also consent for the MCHC to communicate with the school about the assessment results and subsequent follow-up plan of my child.

Signature: _____

Date: _____