

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

*To:* Medical Officer in-charge  
Robert Black MCHC  
*Ref.:*  
*Tel. No.:* 2718 2597  
*Fax No.:* 2716 5839  
*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.

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*From :* Medical Officer in-charge  
Robert Black MCHC  
*Date:*

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

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**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 Robert Black 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: \_\_\_\_\_