**From:** Principal / Head Teacher

**To:** Medical Officer in-charge

**Tel. No.:**

**Fax No.:**

**Date:**

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**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 _____________ at ____________ (phone no.) if message received is incomplete.

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**From:** Medical Officer in-charge

**To:** Principal / Head Teacher

**Tel. No.:**

**Fax No.:**

**Date:**

---

**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)
## I. Particulars of the Child

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name</td>
<td></td>
</tr>
<tr>
<td>2. Sex</td>
<td>□ Male  □ Female</td>
</tr>
<tr>
<td>3. Date of Birth</td>
<td>(YYYY) (MM) (DD)</td>
</tr>
<tr>
<td>4. Name of Parents / Guardian</td>
<td>Father:  Mother:  Guardian: (if applicable)</td>
</tr>
<tr>
<td>5. Contact phone no.</td>
<td></td>
</tr>
<tr>
<td>6. Schooling</td>
<td>□ Playgroup  □ N1  □ K1 (N2)  □ K2 (N3)  □ K3 (N4)  □ Others: ____________________________</td>
</tr>
<tr>
<td>7. Date of enrollment</td>
<td></td>
</tr>
<tr>
<td>8. Service currently received</td>
<td>□ No  □ Yes, please specify: ____________________________</td>
</tr>
<tr>
<td>9. MCHC registered</td>
<td>________________  MCHC  Registration no.: ________________</td>
</tr>
</tbody>
</table>

## II. Aspects of developmental observation of the child

General observation on the child’s learning (e.g. pace in learning, need of special guidance, etc):

_____________________________________________________________________________________
_____________________________________________________________________________________

Description of the child’s ability in different areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding of concepts</td>
<td>e.g. ability to understand basic concepts, general knowledge, numeracy, etc</td>
</tr>
<tr>
<td>Learning of words</td>
<td>e.g. ability in word recognition, reading or dictation, etc</td>
</tr>
<tr>
<td>Language ability</td>
<td>e.g. verbal understanding, expression, articulation, etc</td>
</tr>
<tr>
<td>Social behaviour</td>
<td>e.g. peer relationship, group participation, rule following, etc</td>
</tr>
<tr>
<td>Behaviour / emotion</td>
<td>e.g. attention, activity level, emotional control, etc</td>
</tr>
</tbody>
</table>
Motor ability
- e.g. coordination, balance, writing, art work, etc

Self-care skills

Others

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

IV. Reason(s) for referral [Please tick appropriate box(es)]
- □ Learning problem (e.g. problems in learning pace, understanding concepts, word recognition, reading or dictation, etc)
- □ Language problem (e.g. weakness in language comprehension or expression)
- □ Articulation problem (e.g. incorrect articulation, non-fluent speech, etc)
- □ Emotional / behavior problem (e.g. attention problem, over-activity, easy tantrums, anxious behavior, etc)
- □ Physical health problem
- □ Parenting problem
- □ Family problem
- □ Others: e.g. motor clumsiness (please specify) ________________________________

V. Information of the preprimary institution

Name of KG / Nursery: ____________________________________________________________

Address: ______________________________________________________________________

Phone No.: __________________ Fax no.: __________________

Referring teacher: __________________ Signature: __________________

Principal / Head teacher: __________________ Signature: __________________

Date of referral: __________________

VII. Parent’s consent

I _____________ (parent / guardian), hereby consent for my child ________________ to be referred to Sai Wan Ho 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.

Parent’s signature: ___________________________ Date: ___________________________