



### The Incredible Years Referral Form

Completion of this referral to the Incredible Years Programme is for consideration for acceptance into the Incredible Years Programme.

Information gathered from this referral will be used to consider whether the child meets the criteria for parents / caregivers to attend The Incredible Years Programme. This decision will be made in collaboration with the child's whānau / family.

Criteria will include that whānau / family members are motivated to attend the programme after discussion / interview with The Incredible Years facilitators who are employed by various agencies and are trained in the delivery of the programme.

**NOTE:** If you are referring parents as part of your work with an agency or organisation your ongoing involvement and support for the parent/s for the duration of the programme is expected. Parents will need your support during the course and the more you can meet with them to encourage, celebrate their success, talk about the key concepts and their weekly goals, and model/coach them as they practice with their children, the better. You will also be a key link for the facilitators should there be changes in the families circumstances that may impact on their ability to participate fully.

**Consent for Referral for participation in the Incredible Years Programme: (Signed by Parent/Caregiver):** I consent for a referral to be made to The Incredible Years Programme.

Name (Please Print):

Signed:

Date:

<b>Date of Referral:</b>	
<b>Name of Referrer:</b>	
<b>Contact details of Referrer:</b> Name and address of organisation:	
Telephone/s:	
E-mail:	

<b>Parent/Family/Whānau wishing to attend Incredible Years:</b>	
Name/s:	
Ethnicity:	
Address:	
Post Code:	
Telephone/s	
E-Mail:	
Relationship to child:	

<b>Details of child whose behaviour is of concern:</b>	
Name:	
DOB:	
Ethnicity:	
Diagnosis: (if applicable)	

<b>Details of other child in family whose behaviour is of concern:</b>	
Name:	
DOB:	
Ethnicity:	
Diagnosis: (if applicable)	

<b>Other children in family</b>	
Name:	Name:
Age:	Age:
Name:	Name:
Age:	Age:

<b>Name of school or early childhood centre child attends (if applicable)</b>

<b>Other agencies/organisations involved with supporting the family</b>

**From the options below please tick your preference to attend The Incredible Years programme:**

- Daytime
- Evening
- Anytime

**Reason for Referral:** *(The behaviour of concern, when it began, what you have tried)*

**Please return referral form to:**

Incredible Years Coordinator  
 Ministry of Education – Special Education  
 P.O Box 9  
 Otaki

or info@skills4living.co.nz  
 Skills4Living  
 8 Bath Street  
 Levin 5510