|  |  |
| --- | --- |
| \* Date of referral  |  |
| \*Referrer’s name |  |
| Referrer’s job role |  |
| \*Referrer’s tel. |  | e-mail: |
| \*Child’s name |  | Child’s gender M/F |
| \*Child’s D.O.B |  |
| \*Parent/carer name 1 |  | \* Tel: |
| Parent/carer name 2 |  | Tel: |
| Parent/carer e-mail address |  |
| Parent/carer postcode |  |
| Downright Special is a local charity that can offer the following support. Indicate which support you may be interested in now or in future | * Telephone or e-mail contact by our new parent group coordinator to provide advice and support including on adjusting to the diagnosis
* Attending our Friday morning group sessions to meet other parent/carers and take part in communication/signing/sensory sessions.
* Putting in contact with other parent/carers of children with Down syndrome locally.
* Attending social events for local families/children with Down syndrome such as soft play sessions or parties.
* Receiving written information, advice and updates via e-mail.
* Being invited to join our closed Facebook or what’s app group to communicate with other families via social media.
* Specialist support and advice for the child within a school or early years setting.
 | Y/N |
| Y/N |
| Y/N |
| Y/N |
| Y/N |
| Y/N |
| Is there anything else we need to know to help us make contact with you? E.g. language/s spoken, best time to call etc. |  |
| \*Do you give verbal consent to the health/education professional completing this form to share the above information with Downright Special? |  |