



## THE INCREDIBLE YEARS PARENT PROGRAMME REFERRAL FORM

Completion of this referral form to the 14 week Incredible Years Parent 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.

Criteria includes having the child/ren with behaviour difficulties living with them at least 3 days and nights a week, the child/ren are aged 3 years and under 8 years old, and the parents/caregivers are motivated to attend the programme.

The decision regarding acceptance for the programme will be made collaboratively between the child's whānau / family and the Incredible Years programme facilitators. Information from this referral form will be logged electronically and stored in a secure site accessible only to the organisation responsible for delivering the programme.

**NOTE:** If at all possible your ongoing involvement and support for the parent/s for the duration of the programme is appreciated and the more you can encourage them to practice the programme strategies with their children and celebrate their success as they work towards their weekly goals, the better. You will also be a key link for the programme facilitators should there be changes in the families circumstances that may impact on their ability to participate fully.

**I give my consent to this referral being made to the Incredible Years Parent Programme**

Parent/Caregiver Name:

Signature:

Date:

Date of referral:	
Name of referrer:	
Organization:	
Address:	
Phone/s:	
Email:	

### NAME AND DETAILS OF PARENT/CAREGIVER / WHĀNAU WISHING TO ATTEND THE PROGRAMME

Name/s:	
Ethnicity:	
Address:	
Post Code:	
Telephone/s	
E-Mail:	
Relationship to child:	

**PLEASE TURN OVER**

Name of child (within the 3-8 age range) whose behaviour is of concern:	
Date of Birth:	
Ethnicity:	
Diagnosis if applicable:	
Name of early childhood centre or school child attends:	
What are the behaviours of concern?	
Name of other child (within the 3-8 age range) in family whose behaviour is of concern:	
Date of Birth:	
Ethnicity:	
Diagnosis if applicable:	
Name of early childhood centre or school child attends:	
What are the behaviours of concern?	

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

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

**Please tick most suitable time for parent/caregiver to attend the Incredible Years programme**

- Daytime
- Evening
- Anytime

**Please return referral form to:**

Di Thomas

Incredible Years Coordinator

Ministry of Education

1-3 Oxford St, PO Box 1154, Palmerston Nth 4440

Phone: 06 350 9859

Email: [di.thomas@education.govt.nz](mailto:di.thomas@education.govt.nz)