

Early Childhood Early Intervention (ECEI) Information for Early Childhood Partners

Use this form to record information about a child aged 0 to 6 years with developmental delay or disability who is seeking support through the NDIS.

Part 1 – General Information about ECEI

What is ECEI?

Early Childhood Early Intervention (ECEI) is funded by the National Disability Insurance Scheme (NDIS) and can offer a range of supports for children aged 0 to 6 years with developmental delay or disability and their families.

What is the aim of ECEI?

The aim of ECEI is to provide parents and families with the knowledge, skills and support to optimise their child's development and ability to participate in family, early childhood education and care settings, and in broader community life.

Who can benefit from ECEI?

A child aged 0 to 6 years who has either:

- a developmental delay which is the result of an impairment and causes substantial functional limitations **and** who requires a coordinated, multidisciplinary service response; or
- a disability

And

- lives in South Australia

Further information regarding ECEI can be found at the following website: [NDIS Website ECEI Page](#)

or email ecei.southaustralia@ndis.gov.au or phone 1800 931 190

Why complete this form?

The Early Childhood Partner will be the first contact point for families of children aged 0 to 6 years with developmental delay or disability seeking support through the NDIS. The Early Childhood Partner will discuss with families / carers / guardian the most appropriate supports that would benefit the child. This includes providing information and referral to other support services or organisations. Understanding that every child is different, the Early Childhood Partners will tailor the supports to the child and family's individual needs and circumstances.

There are 3 parts to this form:

- 1. General Information**
- 2. Information Form – including mandatory consent section**
- 3. Important Privacy Information**

The types of supports that can be provided by a partner are:

- Information;
- Referral to mainstream or community services;
- The determination of appropriate supports and services to achieve outcomes for your child;
- Short term ECEI supports;
- Where required, assistance to access the NDIS.

This information form may be completed by:

- a family or carer, with the assistance of a professional

There are three steps to undertake in completing and lodging this form:

- 1. Complete the Early Childhood Partner information form (part 2 of this form) and record parent / carer / guardian consent**
- 2. If consent is provided by the parent / carer / guardian, attach copies of any relevant assessments, reports or letters from health professionals that describe the child's needs in support of this information form where appropriate**
- 3. Send the completed information form and any attachments to the ECEI Partner (see page 12 for the contact details of your ECEI Partner)**

Part 2 – ECEI Information Gathering

This information assists the Early Childhood Partner to learn more about the child. Please provide information where appropriate and as agreed to by the child's family, carer or guardian.

Please read consent and privacy information on pages 8 through to 12 and seek signed consent where indicated.

Child Details

Child's first name:	
Child's surname:	
Date of birth:	
Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander
Does the child live with parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child live with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	
Country of birth:	

Parent / Carer Details

Adult number 1 name:	
Relationship to child: (e.g. mother, father, grandparent)	
Home address:	
Is Adult number 1 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander
Contact number(s):	
Email:	
Preferred Language:	
Preferred contact: (e.g. phone, letter, email)	

Adult number 2 name:	
Relationship to child: (e.g. mother, father, grandparent)	
Home address:	
Is Adult number 2 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander
Contact number(s):	
Email:	
Preferred Language:	
Preferred contact: (e.g. phone, letter, email)	

Custody / Court Orders

The Early Childhood Partner needs to understand the environment that the child lives in and who best to contact about your child. This includes knowing about existing parenting, custody or guardianship arrangements.

Are there any existing parenting, custody or guardianship arrangements for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Language / Interpreter

Main language spoken at home:	
Is an interpreter required for a phone conversation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Disability and / or Developmental Delay

Does the child have a diagnosed disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate the diagnosis:	
Does the child have a developmental delay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, is the child undergoing assessment for developmental delay of disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details of the professional who made the diagnosis or is undertaking the child's assessment.

Name:	
Profession:	
Organisation name and address:	
Phone Number:	
Email:	

Details of Professional helping complete this form

Details of the professional completing / assisting with this information form (if any).

The Early Childhood Partner may need to contact the professional listed below to better understand your child's circumstances and to ensure that your child is connected to the supports that best meet their needs.

Name:	
Position / Title:	
Service:	
Phone:	
Mobile:	
Email:	
Address:	
Signature:	

Additional Professionals / Services

On the next page (page 8) please list the services and supports you are already using to help meet your child's needs (e.g. GP, paediatrician, maternal & child health nurse, medical specialist, therapist etc.) and the services your child currently attends (e.g. childcare, kindergarten, occasional care etc.)

The Early Childhood Partner may need to contact the people that you list on page 8 to better understand your child's circumstances and to ensure that your child is connected to the supports that best meet their needs.

Service name:	
Professional:	
Address:	

Do we have your permission to contact this Professional / Service and share your child's information to better understand their circumstances? ☐ Yes ☐ No

Service name:	
Professional:	
Address:	

Do we have your permission to contact this Professional / Service and share your child's information to better understand their circumstances? ☐ Yes ☐ No

Service name:	
Professional:	
Address:	

Do we have your permission to contact this Professional / Service and share your child's information to better understand their circumstances? ☐ Yes ☐ No

Please ensure consent from family / carer / guardian prior to completing this section

Details of Developmental Delay

<i>Development Area</i>	<i>Concerns</i> Describe the concerns regarding the child's development	<i>Impact</i> Describe how this substantially impacts on the child's daily living activities and participation in family and community life
<i>Self-Care</i> (e.g. feeding / dressing / toileting etc. appropriate for age)		
<i>Physical</i> (e.g. gross and fine motor skills such as moving around / crawling / walking / sitting, rolling, using mobility aids etc.)		
<i>Communication</i> <i>(Language and Speech)</i> (e.g. understanding, talking and communicating needs with others appropriate for age, etc.)		
<i>Relationships and Behaviour</i> (e.g. social, skills, relating to others within the home or community environments etc.)		
<i>Cognitive (Learning and Play)</i> (e.g. learning, remembering and practicing new skills such as playing games, pretend play, etc.)		

Previous Assessments / Additional Information

Please provide the detail of any assessments that the child has received (e.g. Hearing, Vision), or any additional information that may be relevant (attach extra pages if more room is required).

Please discuss with the family / carer / guardian the opportunity to attach copies of documents that describe the child's needs that may support this information form. This is an option they may choose. The relevant documents may include medical assessment and reports, letters, screening assessments from health and/or educational professionals, court orders or other relevant parent/guardian/carer documents.

Part 3 – Important Privacy Information

Please read this section carefully. If you have any questions, contact ECEI on ecei.southaustralia@ndis.gov.au

Parent / Carer Consent

- I have read and understood the General Information (Part 1) and the Important Privacy Information (Part 3) provided with this information form.
- I understand how my child's personal information will be collected, used and disclosed for the purposes of the NDIS, which is set out in Part 3 of this information form.
- I have carefully read all of the information provided in the information form and confirm that it is accurate, complete and up to date.
- I consent to Kudos Services collecting, using and disclosing personal and sensitive information about my child in accordance with the General Information and Important Privacy Information sections in this document.
- I understand that I may withdraw consent to receive support from an ECEI service provider at any time.
- I give permission to contact the professional completing / assisting with this information form (if any).

Signed

Parent / Carer / Guardian (state which one)

Date:

Verbal Consent Received: (state yes or no)

Date:

Print Name:

Contact Information

Thank you for completing this information form and signing the above consent section.
Please post or email the completed information form to:

Postal address:

Early Childhood Early Intervention Services
PO Box 285
Fullarton SA 5063
Attention: Business Support Officer

Email: ecei.southaustralia@ndis.gov.au

If you need assistance to complete this information form please contact the
ECEI team on: 1800 931190