



SPECIAL NEEDS REQUIREMENTS

ENROLMENT FORM ATTACHMENT

Child's Name

Disability/Condition

Treating Doctor/Therapist

Do you give permission for the Doctor/Therapist to release information to this service about your child's condition?

Contact Details

Do you have an Assessment Report from a Medical Practitioner or Therapist?

Can you provide the scheme with any written Assessments or Management Plans from Therapists?

How do you manage the condition?

Please provide any information which is relevant to your child's Self Help Skills

Dressing

Eating/Food Preferences

Sleeping and Routine

Toileting and Routine

Please provide any relevant information regarding your child's Speech

Please provide any relevant information regarding your child's Behaviour

What Works in managing your child's Behaviour?

What doesn't work in managing your child's Behaviour?

Are there any emergencies that may arise for your child because of the condition?

If so, how would you prefer the Carer/Service to manage the situation?

PARENT SIGNATURE_____

DATE_____