

LOOSH ENROLMENT FORM 'B'

The following questions are intended to help with the successful inclusion of children with special needs at our center.

Childs name: _____ Date form completed _____

Do you think that your child would be able to participate at our centre with a ratio of one member of staff per 15 children? YES NO

If no, please ensure adequate details have been provided on this form to enable staff to be aware of all the considerations needed to provide care for your child, attaching further details as required.

MEDICAL INFORMATION

Describe any activities that your child should not do or will be restricted by because of health or medical reasons:

Please give details of physical or sensory impairments to assist staff in successful interaction with your child:

Does your child suffer from seizures? YES NO

If yes, please answer the following questions.

a) Type of fit or Seizure (specify) _____

b) Are there any warning signs? _____

c) How often do these seizures occur? _____

d) Please describe any distinguishing features of seizure _____

e) How long do the seizures last? _____

f) What action should staff take when they occur? _____

Does your child have any mobility problems? YES NO

If yes, please outline any implications this may have on the care of your child.

CHILD'S INTERACTIONS AT THE CENTRE

What activities does your child enjoy? _____

How does your child usually spend their free time? _____

Please describe how your child interacts with other children _____

Please describe how you child interacts with adults _____

Please describe any supervision/assistance that your child may need in the following areas:

a) General play _____

b) Organized activities _____

c) Excursions _____

d) Other areas of care _____

CHILD'S COMMUNICATION

Does your child fully understand verbal communication? YES NO

If no, please give the following information to assist staff in communicating with your child.

- a) Level of understanding _____
- b) How does your child communicate? _____
- c) Are there any special signs/sounds/gestures used for everyday communication such as toilet/drink/Upset etc? _____

CHILD'S BEHAVIOUR

Parents are asked to read a copy of the Centre's behavior management policy.

Do you have a behavior management plan for your child? YES NO

If yes, please give details to assist staff: _____

Please describe anything specific that upsets your child: _____

What methods do you use to calm your child if they become overexcited or exhibit inappropriate behaviors: _____

Is your child aggressive towards others? YES NO
If yes, under what circumstances and how do you deal with it? _____

Does your child wander, abscond or run away? YES NO
If yes, please give details to assist staff _____

Does your child recognise and know how to deal with common childhood dangers (road sense, stranger danger etc.?)

- a) Household dangers - e.g. hot or sharp objects? YES NO
- b) Are they fully independent in regards to toileting? YES NO
- c) Are they fully independent when eating/drinking? YES NO
- d) Are there any areas of personal hygiene where assistance is needed? YES NO

If yes to any of the above please give appropriate details to assist staff in supporting your child: _____

PLEASE ATTACH ANY DIAGNOSIS, MEDICAL INFORMATION OR ADDITIONAL RESOURCES THAT MAY ASSIST US IN SUPPORTING YOU CHILD AT LOOSH.