

LITTLE FEATS OOSHC

ADDITIONAL NEEDS INFORMATION



We believe that all children are entitled to a safe and supportive environment. To ensure Little Feats staff can support the needs of each individual, we need to have access to as much relevant information and work in partnership with the parents and other professionals supporting the child. This form has been designed to ensure the service gains as much information as possible to support the needs of your child. Please attach any supporting documents you may have (i.e. letters, reports). Please ensure you complete both sides of this form and return it to the service as soon as possible.

Family Name: _____ Given Name: _____ Date of Birth: ____ / ____ / ____

Does your child have any disabilities or medical conditions we need to know about? YES NO

Has your child been diagnosed with a disability or medical condition? YES NO

(if yes, you must attach a copy of your child's health care card (not the parents card) or a letter from your child's doctor)

If your child has a permanent and ongoing condition, please get a letter from your child's Doctor stating that the high level of support is permanent and ongoing.

Will your child need additional care over and above our usual 1 Staff to 15 Children (1:15) ratio? YES NO

(if yes, you must attach a copy of your child's health care card (not the parents card) or a letter from your child's doctor)

If your child has a permanent and ongoing condition, please get a letter from your child's Doctor stating that the high level of support is permanent and ongoing.

Does your child have any life-threatening allergies? YES NO

If yes, please provide details: _____

Does your child have any allergies that are not life threatening? YES NO

If yes, please provide details: _____

Has your child been prescribed ongoing medication? YES NO

(if yes, you will need to fill in a medication form)

Does your child have any Behavioural concerns we should know about? YES NO


If yes, please provide details: _____

Does your child need assistance with toileting? YES NO


If yes, please provide details: _____

Does your child need assistance with social skills? YES NO

If yes, please provide details: _____

 Does your child need support with fine or gross motor skills? YES NO
If yes, please provide details: _____

 Does your child need support with communication? YES NO
If yes, please provide details: _____

 Does your child have any fears or phobias? YES NO
If yes, please provide details: _____

What are your child's strengths?

What are your child's interests?

What (if any) early intervention strategies are already in place that we could implement at the service to support your child's transition?

Please include any other relevant information that can be used to support your child whilst at the service, for example, does your child need support with speech, language or communication, do they have any behaviour concerns or does your child need assistance with toileting, social skills or support with fine or gross motor activities etc.

I understand that:

- The information on this form may be shared with authorised persons.
- Communication with other authorised persons will be done in a respectful manner and only for the purpose of supporting the development and needs of my child.
- The information I have provided may be used to gain additional Government funding to ensure that there are additional staff available to support and meet the needs of my child.
- I must inform the service if my child needs to be changed.

Parent Name:	Parent Signature:	Date: ____ / ____ / ____
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