



Roseville P & C Kids Care Association Inc



SPECIAL NEEDS DATA FORM

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

Child's Name: _____ **Date:** __ / __ / __

Do you think that your child would be able to participate at our centre with a ratio of one staff member 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. Parents of children with medium or high level support needs are required to attend a meeting with the Co-ordinator and a SUPS (Special Needs Support Team) representative before enrolment.

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 impairment to assist 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 _____
- b) Are there any warning signs? If yes, what are they? _____

- c) How often do the seizures occur? _____
- d) Please describe any distinguishing features of the seizures _____

- e) How long do the seizures last? _____
- f) What action should staff take when they occur? _____

CHILD'S REACTION AT ROSEVILLE KIDS CARE

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 your child interacts with adults? _____

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

- a) General Play _____

- b) Organised activities _____

- c) Excursions _____

- d) Other areas of care _____

CHILD'S COMMUNICATION

Does your child fully understand verbal communication? YES / NO

If no, 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 every day communications such as toilet/drink/upset etc? _____

CHILD'S MOBILITY

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 GENERAL BEHAVIOUR

Parents are asked to read a copy of the centre's behaviour management policy.

Do you have a behaviour 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 behaviours?

Is your child aggressive towards others? YES / NO

If yes, under what circumstances and how do you deal with it? _____

Does your child wander or abscond? YES / NO

If yes, please give details to assist staff: _____

Does your child recognise and know how to deal with the following common childhood dangers:

- a) Road sense? YES / NO
- b) Stranger danger? YES / NO
- c) Household dangers? ie. hot or sharp objects? YES / NO

Are they fully independent in regards to toileting? YES / NO

Are they fully independent when eating/drinking? YES / NO

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: _____

