



Additional Needs Information Form

We believe that all children are entitled to a safe and supportive environment. To ensure ACI staff are able to 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 other supporting documents (ie letters or reports from other Support Agencies).

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...../...../.....

- 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 Childs Doctor.
 If your child has a permanent and ongoing condition, please obtain 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 normal one Staff to 15 Children 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 Childs Doctor.
 If your child has a permanent and ongoing condition, please obtain a letter from your child's Doctor stating that the high level of support is permanent and ongoing.
- 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, provide details

- Does your child need assistance with toileting? Yes / No. If yes, provide details
- Does your child need assistance with social skills? Yes / No. If yes, provide details
- Does your child need support with fine or gross motor skills? Yes / No. If yes, provide details
- Does your child need support with communication? Yes / No. If yes, provide details
- Does your child have any fears or phobias? Yes / No. If yes, provide details

What are your child's strengths?

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What are your child's interests?

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

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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 skill or support with fine or gross motor activities etc.

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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's needs change.

Parent Name..... Date...../...../.....

Parent Signature.....