



## Additional Needs Information Form

We believe every child has the right to a safe and supportive environment. To effectively meet each child's individual needs, ACI staff require access to relevant information and close collaboration with parents and other professionals involved in the child's care. This form is designed to help us gather important details to best support your child.

Please include any additional supporting documents, such as 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.*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- Has your child been diagnosed with a disability or medical condition? ☐ Yes ☐ No  
(If yes, you must attach supporting documentation)
- Will your child need additional care over and above our normal one Staff to 15 Children ratio? ☐ Yes ☐ No  
(If yes, you must attach supporting documentation)
- 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, 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?

---

---

---



## Additional Needs Information Form

- 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.

---

---

---

---

---

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: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_