

Summary / description of Statement of Educational Needs (or attach copy of statement)

Care needs:

Vision: Typical [] Impaired [] Blind []

Hearing: Typical [] Impaired [] Deaf [] Hearing Aid []

Communication:

Speech: Fluent [] Phrases [] Sentences [] Babbles [] Gestures []

Sign Language [] PECS [] VOCA [] Communication book [] Other _____

Eating Habits:

Please give details of any allergies.

Does he/she need help eating and drinking? No [] Yes [] Give details _____

Toileting Skills:

Toilets independently [] Needs some help [] Uses pads [] Being potty trained [] Has catheter []

How does your child indicate that he/she needs to use the toilet? _____

Behaviour: (tick all that apply)

Shy [] Outgoing []

Plays alone [] Plays in groups []

Adapts to new situations well [] Adapts to new situations with difficulty []

Responds to correction well [] Responds to correction with difficulty []

Sometimes destructive [] Sometimes threatens others [] Sometimes hits, bites or hurts others/self []

Activities: (tick as appropriate)

Listening to a story: Enjoys [] Tolerates [] Dislikes []

Music/Singing: Enjoys [] Tolerates [] Dislikes []

Drawing/colouring: Enjoys [] Tolerates [] Dislikes []

Skills:

Writing skills: attach example or describe briefly _____

Reading: fluent [] hesitant [] poor []

Please give any further information that may be helpful: _____

PERMISSION/AUTHORISATION AGREEMENT

Please read the following statements carefully and initial in the designated space indicating that you have read, understand and agree to the provisions.

- I have fully disclosed all pertinent facts about my child's special needs and accept full responsibility for missing information. []
- I will supply alternative food, drinks, snacks and pads/wipes for my child as necessary. []
- I will stay in the building during the time my child is participating in any activity and understand that I will be called if the team feel unable to cope with behaviour or medical needs. []
- I understand the nature of the programme and hereby release Aslan leaders and representatives from any liability due to accident or injury incurred by my child. []

I have read the above permission/authorisation statements and agree to the terms designated in each.

Signed:

Date signed:

Name (parent/guardian):