Registration Form

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| **Personal Information** |
| Name (of child): |
| DOB: |
| Sex: |
| Diagnosis: |
| Current education: |
| Parents/Carer’s names: |
| Address & post code: |
| Phone number: |
| Email: |

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| **Information about Child** |
| Method of communication (how does the child communicate): |
| What activities, toys, and games do they enjoy: |
| Toileting: |
| Please describe any medications: |
| Challenging behaviours: |
| Primary outcomes/expectations: |
| Other relevant information: |