

OSHC Additional Needs Information Form



Child's full name: _____ Child's Age: _____ Child's Date of Birth: ____/____/____

Parent/Guardians full name: _____ Parent/Guardians contact number: _____

Name of OSHC program your child will attend: _____ Is your child funded at school? _____

Your child's additional need (e.g.: Aspergers, Autism, Global delay): _____

1) Has your child's additional needs requirement been diagnosed by a medical practitioner? Yes No

If 'Yes' please attach the official letter of diagnosis from the medical practitioner

2) What would you rate your child's additional needs? High functioning Medium functioning Low functioning

3) What triggers your child's additional needs?

Trigger/s-

How are triggers displayed- Example- biting, hitting, throwing items, taking clothes off, urinating, inappropriate language

4) How and what can the OSHC program educators do, to manage your child's triggers, additional needs requirements?

If you do not know why your child has certain triggers and you don't know how to prevent these or know lead up signs to displayed behaviour. Please provide strategies the educators can do to support your child when certain behaviours occur. Please note sugar foods/ lollies will not be used a form of reward or defusing the situation.

5) Describe your child's level of language/ communication abilities?

6) Is your child noise sensitive? If 'yes', to which noises?

7) Does your child require assistance in eating? (including Peg feeding)

8) Does your child require in regards to toileting requirements? (including nappy change, hoist, assistance during menstrual cycle)

9) Is your child on medication? If so what type of medication? are there any possible side effects of medication? Will the medication be required to be administered at the program by an educator?

***Please note-** if medication is required to be administered the medication log must be completed before each session your child attends prior to signing in. If your child refuses to take their authorised medication from an educator, the parent/guardian will be asked to come to the program to administer or come and collect the child. As our educators, cannot force medication on a child.*

10) Does your child have any medical aides? (i.e.- walking frame, hoist, hearing aids, wheelchair)

11) What activities does your child enjoy? Please be specific, as we want to ensure your child's time with us caters to their needs

12) What activities does your child find difficult or frustrating and what help or encouragement can educators give to assist them in completing the activities/tasks?

13) How does your child interact with other children?

14) How does your child interact with new and different adults/carers and what techniques could settle your child with new people?

15) How does your child cope in a social environment?

16) How does your child cope in a public setting (i.e. going on excursions)?

Please attach any other relevant information you feel will be helpful to educators caring for your child. If ISF funding is required, this can take up to 6-8 weeks from the time all required information is provided to Head Office (applicable in a mainstream setting).

As part of the company's policy and procedure any child with an additional need will be required to attend a trial session prior to confirmation of enrolment. This process is in place to ensure that all information provided to After The Bell Aus regarding the child's care requirements are true and accurate, to ensure appropriate staffing, to determine if the child can be cared for in the current service staff to child ratio and an assessment of safety and environmental needs for the child.