



Grow With Me
Occupational Therapy Pty Ltd

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Grow With Me

Occupational Therapy

Group registration form – School Readiness (prep/foundation/repeating kinder)

Child Name: _____

DOB: _____

Parent/ carer name(s): _____

Contact number(s): _____

Address: _____

Current Kindergarten: _____

School your child will be attending next year: _____

Diagnosis (if any): _____

Funding (if any): _____

NDIS self-managed and plan managed funds accepted.

NDIS number (if relevant): _____

Plan Manager details (if relevant): _____

Current support team details (if any) *Ie. Speech, OT, psychologist, etc.:* _____

Allergies (children will be required to bring a snack each day):

Child's interests and other relevant information: _____

'Helping children of all abilities grow their skills'

In order to ensure we are aware of your child's limits and prepared to best support them, please answer the following questions as accurately as possible.

Language:

Does your child speak fluent English? Yes No

Does the child have moderate to high language skills? Yes No

Does the child have moderate to high verbal intelligence? Yes No

Comments: _____

Emotional Regulation:

Does your child often become upset to the point of a meltdown? Yes No

Does your child ever become physically or verbally aggressive towards others? Yes No

Does your child attempt to abscond when upset? Yes No

Comments: _____

Common triggers: _____

Helpful calming techniques: _____

Social Skills:

Please tick your child's main areas of difficulty-

- | | | |
|---|---|--|
| <input type="checkbox"/> Making friends | <input type="checkbox"/> Keeping friends | <input type="checkbox"/> Playing cooperatively |
| <input type="checkbox"/> Starting or maintaining conversation | | <input type="checkbox"/> Playing imaginatively |
| <input type="checkbox"/> Following others lead | <input type="checkbox"/> Sharing/ turn taking | <input type="checkbox"/> Work in a group |
| <input type="checkbox"/> Perspective taking | <input type="checkbox"/> winning/ losing | <input type="checkbox"/> Reading social cues |

Comments or other areas of difficulty: _____

Motor skills:

Can you child (tick for yes)-

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Hold a pencil correctly | <input type="checkbox"/> Write their own name | <input type="checkbox"/> Use scissors |
| <input type="checkbox"/> Open packets and containers independently | <input type="checkbox"/> Tie shoelaces | |
| <input type="checkbox"/> Use the bathroom independently | <input type="checkbox"/> Throw / catch a ball | |
| <input type="checkbox"/> Climb frames and playground equipment | | |

Comments or other areas of difficulty: _____

Academics / Cognitive skills:

Can you child (tick for yes)-

- | | | |
|--|---|--|
| <input type="checkbox"/> Sing their ABCs | <input type="checkbox"/> Count to 20 | <input type="checkbox"/> Read / recognise their name |
| <input type="checkbox"/> Look after their own belongings | <input type="checkbox"/> Follow a regular routine | |
| <input type="checkbox"/> Sit on the mat for mat time | <input type="checkbox"/> Follow instructions | |
| <input type="checkbox"/> Persist with difficult tasks or try again if not right the first time | | |

Comments or other areas of difficulty: _____

Consent:

It is a legal requirement that we obtain permission from the client, or where the client is a minor, the legal guardian, prior to starting intervention services. To provide consent, please complete and sign this form.

Child Name: _____

DOB: _____

Parent/ carer name(s): _____

I declare that I am the Parent/Guardian of the stated child, and I hereby consent to (please tick any applicable):

- YES - Allow staff of Grow With Me OT to observe, assess and treat the client face to face and via Telehealth platforms (if applicable).
- YES - The use of photographs and videos as required as part of therapeutic support. These images will not be used for any other purposes other than as explained by your therapist.
- YES - (optional) - The use of the client's images to be shared on Grow With Me OT Facebook page, website and promotional material.
- YES - Allow staff at Grow With Me OT to discuss, consult, share written reports and collaboratively work with others (including carers, teachers, health professionals, etc) in delivering effective treatment for The Client.

Please list the people you give permission for Grow With Me OT to contact and collaborate with in supporting the client, including: GP's, Paediatricians, Child Care Centres, Schools/Kinders, other Occupational Therapists, Psychologists, Speech Therapists etc.

Professional Name	Profession	Contact Details

Parent/Guardian Signature: _____

Date: _____