



Grow With Me  
Occupational Therapy Pty Ltd

Phone: 0448649576  
Email: [enquiries@growwithmeot.com.au](mailto:enquiries@growwithmeot.com.au)  
Website: [growwithmeot.com.au](http://growwithmeot.com.au)  
ABN: 56 653 311 187

# Grow With Me

## Occupational Therapy

### Group registration form – School Readiness

Child Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/ carer name(s): \_\_\_\_\_

Contact number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Kinder (2023): \_\_\_\_\_

School (2024): \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Childs 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.

**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: \_\_\_\_\_

**School Readiness Skills:**

Please tick your child's main areas of difficulty-

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Making / keeping friends | <input type="checkbox"/> Sharing / turn taking  | <input type="checkbox"/> Playing cooperatively |
| <input type="checkbox"/> Academic skills          | <input type="checkbox"/> Managing emotions      | <input type="checkbox"/> Playing imaginatively |
| <input type="checkbox"/> Working in a group       | <input type="checkbox"/> Following instructions | <input type="checkbox"/> Self-management       |
| <input type="checkbox"/> Fine motor skills        | <input type="checkbox"/> Gross motor skills     | <input type="checkbox"/> Reading social cues   |

Comments or other areas of difficulty: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_