



Grow With Me

Occupational Therapy

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Group Registration Form – Social Explorers (4-7 y/o)

Child Name: _____

DOB: _____

Parent/ carer name(s): _____

Contact number(s): _____

Address: _____

School / Kinder: _____

Diagnosis (if any): _____

Funding (if any): _____

NDIS self-managed and plan managed funds accepted.

NDIS number (if relevant): _____

Plan Manager details (if relevant): _____

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

Child's interests and other relevant information: _____

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 | <input type="checkbox"/> Turn taking |
| <input type="checkbox"/> Perspective taking | <input type="checkbox"/> Winning/ losing | <input type="checkbox"/> Reading social cues |

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:
