

# Inclusion and Support Form



*A child may need inclusion support for a variety of reasons, including a long-term health condition or disability, a diagnosed or undiagnosed developmental delay, experience of trauma, time spent in Out of Home Care, and cultural and/or linguistic diversity.*

*The information you provide for us in this form will help us to develop a better understanding so we can support the best possible outcomes for your child and their family.*

Child's full name		Date of Birth	
Date completed			

## What are the key needs of your child for successful inclusion in our service?

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## Agencies or professionals supporting your child

Agency name			
Contact person		Phone	

If you consent to us disclosing personal information related to your child and family to the agency named above to better work collaboratively to meet the needs of your child, please sign below:

Parent/guardian name		Signature	
Clinic name			
Contact person		Phone	

If you consent to us disclosing personal information related to your child and family to the clinic named above to better work collaboratively to meet the needs of your child, please sign below:

Parent/guardian name		Signature	
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## Medical Information

Please Note: if your child's condition requires medication or specific medical management, the Management of a Medical Condition Form must be completed.

Describe any activities that your child should not participate in due to health or medical reasons:

Describe any physical, sensory or self-soothing needs your child has:

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<b>Interactions</b>			
What activities does your child enjoy?			
How does your child usually spend their free time?			
How does your child interact with other children?			
How does your child interact with adults?			
Please describe any supervision/support that your child may need in the following areas:			
Free play			
Planned activities			
Excursions and incursions			
Routines			
<b>Communication</b>			
Does your child fully understand verbal communication?		Yes	No
If NO, please give us some information to help us communicate with your child:			
Level of understanding			
How your child communicates			
Special signs, sounds, cues for everyday activities (toilet, drink, upset etc)			

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<b>Mobility</b>				
Does your child require any mobility support?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please give us some information on required supports and how to manage them:				

<b>Behaviour</b> – please read the DCC Inclusion Policy for information about behaviour management/support				
Does your child have a behaviour management plan?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please give details below				
What are behavioural triggers for your child that they might experience in our service?				
What strategies calm your child or help them self-soothe or manage their emotions?				
Does your child demonstrate aggressive behaviour at times?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please give details below of common circumstances and how you respond				
Does your child tend to wander or elude supervision?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please give details below:				

<b>Is your child able to recognise and deal with:</b>				
Common childhood dangers (road sense, stranger danger etc)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Household dangers (hot or sharp objects etc)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If NO, please give details below:				
<b>Does your child need assistance with:</b>				
Toileting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eating or drinking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Personal hygiene	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## Inclusion and Support Form

If YES, please give details below:

Is there any other information that will help us support your child?

### Office use only

The Inclusion and Support Form is given out:

- At enrolment,
- During the mid-year and start-of-year updates
- When any additional needs are identified

If the child has a medical condition that **is managed by medication or needs to be medically managed**, a Medical Management Plan must be completed, in collaboration with the child's registered medical practitioner and authorised by a parent or guardian.

Checklist (tick if needed and sign when completed)		Signed by NS	Date
	Inclusion and Support Form		
	Meeting with family		
	Individual Education / Behaviour Plan developed and signed by family		
		Signed by Admin	Date
	Enrolment entered into QikKids		