

# Inclusion support - child profile

## Child's information

Name of child

Date of birth

Address

Name of person completing form

Relationship to child

(Insert child photo)

## Medical information

Details of additional needs or disability (eg. diagnosis and/or description of needs)

  
  
  

Tick if not applicable (go to next question)

Details of medical conditions (eg. anaphylaxis, epilepsy, asthma, diabetes)

  
  
  

Tick if not applicable (go to next question)

Medical management (action) plan attached?

 - YES - NO

Is medication to be given at the program?

 - YES - NO

If yes, please provide the name of medication

(please note; a medication form will need to be completed each day at the program if child requires medication.)

Does your child have any dietary restrictions?

 - YES - NO

If yes, please provide some information

  
  
  

## Inclusion information

What level of support do you feel your child needs to actively engage in the program? (please tick)

 - Constant one on one support to participate in activities - Minimal support by increased child / staff ratios to participate in activities - Interacts in an age appropriate manner with other children, using standard OSHC ratios (eg 1 adult to 15 children)

## Inclusion information continued

Is your child physically mobile/independent? *(eg. moves around freely, participates in activities of choice without assistance)*

- YES       - NO

If No, please provide FULL details of your child's capabilities and support required *(eg. uses a wheelchair, can walk but only short distances, needs assistance to climb stairs)*


Can your child meet their self-care needs? *(eg. toilet self, wash hands, change clothes, feed themselves, identify when to add or remove articles of clothing based on weather)*

- YES       - NO

If No, please provide FULL details of your child's capabilities and support required

*(eg. needs support to go to toilet, can feed self but needs reminding to drink regularly, wears nappies and needs to be changed regularly, my child is PEG fed)*


Can your child communicate effectively with others? *(eg. engage in conversation, let others know of their needs or when hurt or upset)*

- YES       - NO

If No, please provide FULL details of your child's capabilities and support required

*(eg. understands verbal instruction, makes eye contact, understands non verbal communication, uses communication aids such as AUSLAN, MAKATON, COMPIC)*


Does your child respond positively in social situations? *(eg. engages in play in small/large groups, understands and follows rules and boundaries, able to cope well with unfamiliar places and open spaces, understands stranger danger)*

- YES       - NO

If No, please provide FULL details of your child's social capabilities and support required

*(eg. shy in new environments, doesn't cope well with loud noises, needs close supervision in public or open spaces, wanders off)*


Does your child exhibit any inappropriate/challenging behaviours? *(eg. behaviours that may impact on theirs or others health, safety and wellbeing)*

- YES       - NO

If Yes, please provide FULL details of your child's behaviours

*(eg. kicks and/or bites when can't get their own way, swears when angry or frustrated, self-harming behaviour when angry, absconds/runs away when overwhelmed)*


What strategies are used to calm your child in these situations?

*(eg. giving them their own space (time out), allowing them to remove themselves from the situation to a close by area/space, talking them through the situation with specific words, sentences e.g. "it's going to be ok, what can I do to help you?")*


