



Introduction

Thank you for choosing Tracks autism for you and your child. We are committed to ensuring that they'll be very happy during their time with us.

To support us in creating a development plan for your child and to ensure they receive the very best care, we need to collect some important information from you.

As such, please can you take some time to complete the questions contained in this booklet and send it back to us at info@tracks-autism.org.uk

What if my child's details change?

If any of the information contained in this booklet changes, it's important to let us know ASAP. It will help us ensure that everything is correct and up to date.

Many thanks for your time.

The TRACKS Autism Team

P.S. If you have any questions, please do let us know. We're very happy to help.



Child's Details

Full Name:- _____

Date of Birth:- ____/____/____

NHS Number:- _____

Address:- _____

Main telephone number:- _____

Main e-mail address:- _____

Religion (if any):- _____

Ethnicity:- _____

Signature(s) of Parent(s)/Guardian(s):

Where did you find out about TRACKS? _____



Contact details of all parents/carers

Mother Name:- _____

Home address (if different to child's) _____

Home number:- _____

Mobile Number:- _____

Father Name _____

Home address (if different to child's) _____

Home number:- _____

Mobile Number:- _____

Email Address:- _____

Who has parental (legal) responsibility for the child:

Where there is a parent absent from the house, does the child have contact?



Emergency contact details (if different to parents' contact details)

Contact 1 _____

Relationship to child: _____

Home address _____

Home number:- _____ Mobile Number:- _____

Contact 2 _____

Relationship to child: _____

Home address _____

Home number:- _____ Mobile Number:- _____



Medical History

Does your child have a diagnosis of Autism? Yes / No

If yes, please give date of diagnosis and by whom: _____

Any other important medical information: _____

Does your child have a diagnosis of epilepsy or under investigation for periods of absence?

Does your child require regular medication? Yes / No

(If yes, a Healthcare Plan will be provided for you to complete).

Does your child have any hearing difficulties (Please provide information):

Does your child have any visual difficulties (Please provide information):

Developmental History

How was your pregnancy? (i.e. normal or complications, please detail):

Please state when your child was born in weeks gestation: (i.e. 36 weeks)

Please state whether there were any complications during labour / birth (i.e. Breech, C-Section, Normal delivery):

Where there any complications after birth? (i.e. time in special care, jaundice, etc)



Current Functional Abilities

Can your child dress / undress themselves independently or do they require support? (Please state the support they require):

Can your child put on and remove socks and shoes independently or do they require support? (Please state the support they require):

Can your child use the toilet independently or do they require support? (Please state the support they require):

Can your child wash and dry their hands and face independently or do they require support? (Please state the support they require):

How long does your child sleep at night? Do they use any equipment to support them? i.e. weight blanket, lycra sock.

Do you feel that your child has difficulty with sleep? (getting to sleep/waking during the night.

Can your child feed themselves using cutlery? Yes / No

If no, how do they feed themselves i.e. fingers, feed by parents:

Is your child's diet restricted to certain tastes / textures?



Can your child drink from an open cup? Yes / No

If no, what do they drink from i.e. tippee cup, anti-spill, bottle:

What is your child's main form of communication? i.e. vocalising, copying sounds, single words,

Does your child use any additional communication tools such as pictures, symbols?

Play

Does your child like messy and water play? Yes / No

What are your child's favourite nursery rhymes and songs?

What are your child's favourite books / stories?

What are your child's favourite toys?

Tell us about their favourite games / interests?

Favourite TV show / characters?

Does your child play with or notice other children?

What are your child's favourite nursery rhymes & songs? _____



What are your child's favourite books/stories?

Does your child play with or notice other children? _____

Does your child use an ipad/ tablet? If so, please state the frequency, duration and approximate times (e.g. once a day for 2 hours, usually after dinner time):

Frequency: _____

Duration: _____

Length of time (approx.): _____

NHS Contact Details

Child's Doctor _____

Address _____

Doctor's Tel No _____

Please list any other professionals who may be involved in your child's care.

Health Visitor _____

Speech & Language Therapist NHS and/or Private _____

Occupational Therapist _____

Communication & Autism Team _____

Specialist Advisory Teacher _____

Educational Psychologist _____

Other _____



Other Settings

If your child attends any other settings (pre-school, nursery or school), please tell us about them here.

Setting name _____

Address _____

Tel No _____

Class teacher/Keyworker _____

SENCo _____

What sessions does your child attend? _____

Is your child settled and happy to be left at their other setting? Y/N

Please give details:

Home Life

Please tell us any relevant details which may help us in getting to know your child.

Does your child have a different name at home? _____

Does your child speak any other language(s) at home? Y/N

Who lives with child? Parents/siblings/grandparents etc?

Please list any other people/pets that are significant to your child:



General Permissions

- I give permission for Tracks to call an Ambulance in case of an emergency.

Signed: _____ Parent/Guardian

- I give permission for information collected at Tracks (autism) to be shared with other professionals involved with my child.

Signed: _____ Parent/Guardian

- I give permission for my child's keyworker to take my child's Learning Journey off the premises in order to add information to it in their own time.

Signed: _____ Parent/Guardian



Collection Consent Form

I give permission for my child to be collected from Tracks by the following named individuals only:

Name _____

Relationship to child _____

Contact number _____

Name _____

Relationship to child _____

Contact number _____

We also are happy to use a password system if someone different needs to collect you child. If you think this may happen, what password would you like to have on file? _____

Signed: _____ Parent/Guardian

Date: _____

Should these details change or if you would like any other person to collect your child, please ask to update this form at the office.



Dietary Requirements Form

At TRACKS autism we try to make sure that all snacks on offer are healthy and nutritious as well as tasty. Please inform us of any allergies, intolerances or special dietary restrictions we should know about.

Circle the food requirements that apply to your child:

Peanut allergy, needs gluten-free, needs dairy free, needs soy free, allergy to egg.

Is your child:-

Vegetarian, Vegan or on a sugar free diet?

Any other requirements:-

Parent/carer Signature _____ Date _____



Sun Cream Consent Form

As children play regularly outside, it is important that they are protected from the sun. It is important that through the summer months all children have an application of sun cream applied to them before playing out in the sun. Please ensure that you apply suncream before each session. If you happen to forget:-

- I give permission for you to apply sun cream, which I have provided for my child as necessary during their day. I agree to provide this labelled with my child's name.
- If sun cream has not been provided by myself, I give permission for the above to apply sun cream that you provide.
- In the case of my child becoming sunburnt, I give permission for you to provide any necessary first aid treatment and the application of after sun lotion to the affected areas.
- I understand that I will need to provide suitable clothing for my child to wear in the summer months; e.g. sun hats, longer sleeved t-shirts and longer shorts.

Signature _____ Date _____



Photo Consent Form

At tracks we sometimes take photos of child. These are often used to complete their Learning Journals or to put information on our facebook page.

We would like consent to take photos of your child and then use them in the ways described below for your child's time at Tracks.

- I give consent for the school to take photographs of my child.
- I give consent for photos of my child to be used on the school website.
- I consent to photos of my child being kept for up to 5 years by TRACKS.
- I give consent for photos of my child to be used on the Tracks facebook page.
- I give consent for photos of my child to be used in the school prospectus.
- I give consent for photos of my child to be used in my child's work eg learning journals.
- I give consent for photos of my child to be used in internal displays.
- I **DO NOT** give consent for the school to take or use photographs of my child.
- I give consent for TRACKS to communicate with me about my child through the email address I have provided.

Why we are asking for your consent?

The General Data Protection Regulations (GDPR) came into force in the UK on 25th May 2018. To ensure we are meeting the new requirements we need to seek your consent to take photos.

Child's Name _____

Parent/Carer Name _____



Parent/Carer Signature _____

Date _____