Note: If there are any language issues which prevent you from filling in this form please contact us on 020 3457 0539 and someone will assist you.

**About your child**

*Childs name*

*Likes to be called*

*Date of birth*

*Address Line 1*

*Address Line 2*

*Town*

*Postcode*

*Who else lives at home?*

*GP name*

*GP address*

*GP contact number*

*What educational placement does your child attend?*

* Nursery
* Primary school
* Secondary school
* None

*If the child attends an educational*

*placement please specify the name*

*What days does the child attend?*

MON TUE WED THU FRI SAT SUN

*Does the child regularly see:*

* Speech & language therapist
* Occupational therapist
* Psychiatrist
* Other [please specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please provide us with brief details*

*of any physical and/or mental*

*health issues the child may have*

*Does the child require any medication during the day?*

* Yes
* No

*If yes, details of medication and*

*frequency taken*

*What is the child’s primary communication method?*

* Verbal
* Written
* Signs/gestures
* Picture/symbol exchange
* None

*Are there any difficulties around communication that we should be aware of?*

* No
* Yes

*If yes, please provide brief details*

*of this*

**About you**

*Your name*

*Home phone*

*Mobile*

*Email*

*Relationship to the child*

*Do you live at the same address as the child?*

* Yes
* No

*If no, please specify*

*Languages spoken*

**Details of support**

*Is the child currently receiving any support from other service providers?*

* No
* Yes

*If yes, please give details*

*of who this if from*

*Have you experienced ABA before?*

* No
* Yes

*If yes, when was this?*

*Briefly tell us what kind of*

*support you are looking*

*for*

*What days would you like support?*

MON TUE WED THU FRI SAT SUN

AM

PM

*Is there anything else*

*you would like*

*us to know?*

I can confirm the above information is correct and true to my knowledge. I have permission to divulge the child’s personnel details in pursuance of this objective.

Name

Signature

Date