



FINDING OUR VOICE

SPECIALISTS IN SPEECH PATHOLOGY,
LITERACY AND LEARNING DIFFERENCES

Client Enrolment Form

Finding Our Voice works with your child's family, school/child care centre and other services providers as part of a team that communicates and works cooperatively to support your child to achieve their best outcomes.

| | | | |
|--------------------------------------|-------|-----------|--|
| Child's Name: | | DOB: | |
| Date Applied for Services: | | | |
| Parent/Guardian (s): | | | |
| Relationship to Child: | | | |
| Address: | | | |
| Suburb: | | Postcode: | |
| Phone: | Home: | Mobile: | |
| Email: | | | |
| Medicare Number / Reference / Exp | | | |
| NDIS Number: | | | |

Family:

| | |
|--|--|
| Name and Age of Siblings (please advise any medical health issues) | |
| Household Members: | |
| Living Arrangements: both parents/shared care etc. | |



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People Authorised to pick-up your child. Please detail any court orders.

| | | |
|----|------------------------|--|
| 1. | Name: | |
| | Relationship to Child | |
| | Contact Details: | |
| | Parent Signature: | |
| 2. | Name: | |
| | Relationship to Child: | |
| | Contact Details: | |
| | Parent Signature: | |
| 3. | Name: | |
| | Relationship to Child: | |
| | Contact Details: | |
| | Parent Signature: | |

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|---------------|
| Court Orders: |
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School/Therapy:

| | | | |
|---------|--|-------|--|
| School: | | Year: | |
|---------|--|-------|--|



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| | |
|---|--|
| Teacher's Name: | |
| Describe Support offered: mainstream class with/without EA, Education Support Classroom/Early Intervention Centre | |
| | |
| Previous/Current Service Providers: | |
| Child Care (if applicable) | |

Medical Information:

| | |
|-------------------------------|--|
| Conditions/Diagnoses: | |
| Allergies: | |
| Medication: | |
| Special Dietary Requirements: | |
| Other: | |

Daily Care Needs:

| |
|--|
| Does your child toilet independently? Please explain any assistance required including any prompts used. |
| |
| Does your child dress themselves independently? |
| |



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| |
| Does your child eat independently? |
| |

Language

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|---|
| Is your child verbal? How does your child request a required item or food? |
| |
| How well does your child understand what is being said to them? Does your child acknowledge that he/she is being addressed? |
| |

Self-Stimulatory Behaviours

| |
|---|
| Does your child display any self-stimulatory routines? Please define. |
| |
| How often and where do these behaviours occur? |
| |



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How is this behaviour managed at home? What response do you offer your child when a stim occurs?

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In what situation is your child at their best, what does he/she enjoy?

| |
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| |
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Psychosocial Skills:

Do you have any concerns regarding your child's moods and emotional state? This may include frequent mood swings, feelings of anxiety, depression, difficulty with transitions etc. *If yes, please describe:*

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Do you have any concerns regarding your child's ability to play and get along with others? This may include pretend play, playing with other children, unusual behaviours in play etc. *If yes, please describe:*

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| | | |
| <p>Do you have any concerns regarding your child's behaviour? This may include frequent meltdowns, self-injury, aggression, lack of attention, etc. <i>If yes, please describe:</i></p> | | |
| | | |
| <p>Would you like to be referred to our psychology service in regards to any of these issues?</p> | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table> | Yes | No |
| Yes | No | |

Motor Skills:

| | | | |
|---|-----------------------|---------------------|--------------------|
| Gross Motor Skills (Please indicate areas of concern) | | | |
| Balance | Coordination | Upper body strength | Sitting posture |
| Jumping | Core Strength | Climbing Skills | Walking/Running |
| | | | |
| Fine Motor Skills (Please indicate areas of concern) | | | |
| Grasping objects | Managing zips/buttons | Using scissors | Opening containers |



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| | | | |
|--|--------------------|-----------|---------------|
| Drawing | Using a spoon/fork | Threading | Hand strength |
| Please provide further information regarding areas of concern: | | | |

Sensory Processing:

| | | |
|--|---|-------|
| Sensory Processing Skills (Please indicate areas of concern) | | |
| Auditory (noise/sounds) | Visual | Touch |
| Vestibular (swinging, falling, balance etc). | Proprioception (awareness of self in space) | |
| Please provide further information regarding areas of concern: | | |

Likes: Please indicate in the table below which items/toys your child likes the best e.g. specific toys/movies/TV shows etc.

| | | | |
|-----------------|--|-------|--|
| Books/Magazines | | Food | |
| Movies | | Music | |
| TV Programs | | Toys | |



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| | | | |
|-----------------------|--|-------------------------|--|
| Computer/Game Console | | Restaurant/Take Away | |
| Games/Puzzles | | Outdoor Activity | |
| Physical Exercise | | Excursions | |
| Treat/Reward | | Person outside the home | |

Further information that will help us to promote and encourage your child's outcomes:



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CONSENT FOR USE OF INFORMATION, PRIVACY, PHOTOS ETC – Please read carefully

Thank you completing the form, the more information you give us about your child the more that we have to work with to help encourage your child to achieve their best outcomes. Please keep us informed of any changes to ensure our records are up to date regarding any details/changes that may affect your child.

The undersigned agrees and acknowledges that they have read and agree to the following conditions. Your information may be shared with the Finding Our Voice staff who will be working together to develop an individualised program for your child as well as other authorised professionals nominated by you (e.g. Paediatrician, child care workers or schools). Any information shared will be on a professional basis only and be required for the delivery of services. All reasonable steps are taken to keep your personal information confidential and your details will not be used for marketing or any other purposes without your permission.

From time to time we may video or photograph your child and these may be used with discretion on our website or social media. Please inform the staff and note below if you do not want your child to be recorded or photographed during Therapy, Social Skills Groups, School Holiday Programs or any other activities/special occasions for example Christmas Party/end of term party.

Although all reasonable steps are taken to protect and keep your child safe no Finding Our Voice staff or helpers can be held liable for any injury to your child or any carer in attendance at any venue whether that be negligent or innocent in nature. No guarantees are made as to the outcomes of therapy and services and no Member of the Organisation can be held liable in any way. All Members of the Finding Our Voice Organisation reserve the right to refuse to give service if there is abuse of any kind toward a staff member, another client or any person associated with our services. If any person fears for their safety or for any other reason which need not be disclosed.

Parent/Guardian Name:

Signature:

Date:
