



CHILD'S NAME: DATE OF BIRTH: ADDITIONAL SERVICES

DOES THE CHILD HAVE:

Epilepsy?

No Yes

Diabetes?

No Yes

Severe Allergies?

No Yes

Global Developmental Delay?

No Yes

Is the child on a waitlist or currently undergoing investigation for: ASD GDD ADHD

OTHER AGENCIES INVOLVED

Paediatrician / Medical Officer

Contact Name: Phone Number:

Reason for seeing Paediatrician/Medical Officer:

Developmental assessment completed and copy attached.

Occupational Therapist

Contact Name: Phone Number:

Physiotherapist

Contact Name: Phone Number:

National Disability Insurance Agency (NDIA/NDIS)

Contact Name: Phone Number:

School of Special Educational Needs Sensory (SSENS)

Contact Name: Phone Number:

Department of Communities

Contact Name: Phone Number:

Other Agencies Involved:

Agency Name

Contact Name: Phone Number:

TRANSPORT REQUIREMENTS

- This information is to help inform school planning only.
Transport information provided does not define or limit families' transport options upon enrolment.
Please note that students attending full time LDC placements (i.e. Pre-primary, Years One and Year Two students) are prioritised for seats on the bus over those attending part-time placements (i.e. Kindergarten students).

Education Department transport (school bus service) is required because access to other transport is limited.

Education Department transport (school bus service) is preferable, but not essential.

No Education Department transport is required.

## CASE HISTORY FORM

Please note: Your own case history form or a case history within your assessment report may be attached as long as the following details are addressed within the form and the information is current. An alternative case history form is attached

### Family Details

Please give details about who the child lives with, siblings' names and ages, and any custody arrangements etc.

Is there a family history of speech, language or learning difficulties or developmental delay?

No  Yes *Please provide details*

### Feeding

Did/does your child have difficulty with feeding or eating? (suckling, gagging, reflux, difficulty with solids, limited foods)

No  Yes *Please provide details*

### Speech and Language Development

Did your child make lots of cooing and babbling sounds ("ba-ba", "ga-ga") before learning to talk?  Yes  No

How old was your child when they said their first words?

9-18mt  18mt-2yrs  2-3yrs  after 3yrs  Not yet

How old was your child when they started to combine words to make short, two-word sentences?

18mt-2yrs  2-2;6yrs  2;6-3yrs  3-4yrs  Not yet

### Motor Development

Approximately how old was your child when they?

Sat \_\_\_\_\_ Crawled \_\_\_\_\_ Walked \_\_\_\_\_

### Vision and Hearing

**Vision** (eg date last assessed, results)  Not assessed no concerns

**Hearing** (eg date last assessed, results, history of middle ear infection, grommets etc)  Not assessed no concerns

### Medical Conditions, Operations etc

### Toileting

Is your child toilet trained during the day?  Yes  No

### Other Comments