



Insert Photo

Additional Needs Form

(This form must be correctly filled in before your child is signed into our program)

Name: _____

Age: _____

Current diagnosis, medical condition or learning difference:

Child main form of communication:

Triggers, Signs and Symptoms of tiredness or frustration:

Management of frustration and tiredness:

My child really enjoys the following activities:

My child needs extra help with the following activities:

Any additional information

Attach a copy of your Management Plan (If Applicable):

Parents' Name: _____ Signature: _____

Date: _____