



New Enrolment Questionnaire

About my child

Child's Name: _____

Date of Birth: _____

1. Are you registered with the National Disability Insurance Scheme (NDIS)? If so, please provide details of your child's case manager below;

2. Are you registered with a support agency for help with your child? E.g. DSC, etc. If so, please provide details of your child's Local Coordinator below;

3. Are you registered with a therapy service provider? E.g. Therapy Focus, Rocky Bay, Ability Centre, etc. If so, please provide details of your child's therapists below;

4. What Therapy does your child receive through this provider?

5. Does your child require help with toileting? Yes No

6. If yes, please specify what help your child requires; _____

7. If your child requires physical assistance to be toileted, do they have a current manual handling plan written by a therapist? Yes No (if no, one will need to be provided before your child can commence)
 Not Applicable



8. Does your child require assistance with eating at mealtimes? Yes No

9. If yes, please specify the help they require; _____

10. Does your child have an identified swallowing difficulty? Yes No

11. If yes, does your child have a current mealtime management plan written by their speech therapist? Yes No (if no, one will need to be provided before your child can commence)

12. Which of the following skills would you like to see your child improve in? (Please tick)

- | | | | |
|------------------------|--------------------------|----------------------|--------------------------|
| Feeding | <input type="checkbox"/> | Toileting | <input type="checkbox"/> |
| Greeting People | <input type="checkbox"/> | Paying attention | <input type="checkbox"/> |
| Self- regulation | <input type="checkbox"/> | Walking/movement | <input type="checkbox"/> |
| Fine Motor/using hands | <input type="checkbox"/> | Playing | <input type="checkbox"/> |
| Listening | <input type="checkbox"/> | Understanding speech | <input type="checkbox"/> |
| Following directions | <input type="checkbox"/> | Talking | <input type="checkbox"/> |
| Social skills | <input type="checkbox"/> | Other: _____ | |



My child's abilities

13. Communication simply means getting information from one person to another. A child will communicate with us in many ways other than speaking. We are interested in all the ways your child tries to communicate. How does he/she make his/her interests known to you? (Please tick all that apply)

- | | | | |
|--|--------------------------|--|--------------------------|
| Cries/grumbles | <input type="checkbox"/> | Uses jargon/own special language | <input type="checkbox"/> |
| Babbles as he/she plays | <input type="checkbox"/> | Sounds e.g. 'e' as in eat, 'a' as in way | <input type="checkbox"/> |
| Gestures e.g. pointing for food, tugging | <input type="checkbox"/> | Routinely follows instructions | <input type="checkbox"/> |
| Uses single words | <input type="checkbox"/> | Understands words of others | <input type="checkbox"/> |
| Putting words together | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> |

14. Language and communication develops along with other skills, like feeding and playing. Therefore, please tick which of the following things your child can do at home. Also mention any other independent or creative things he/she does. (Please tick)

Activity	Yes	No	On Own	With Help
Feeds self				
Dresses self				
Goes to toilet				
Plays outside				
Plays with others				
Plays by him/herself				
Other:				

Strategies that help my child

15. What do you do when your child does the following?

Refuses to eat: _____

Has a tantrum: _____

Won't go to bed: _____



Strategies that help my child to function and those that do not help.

Helpful Strategies	Unhelpful Strategies

My child's attention and understandings

16. Give examples of occasions when your child pays attention (*e.g. watching TV, looking at a book, playing with games or toys*). For each, give an estimate of how long your child maintains attention.

Activity	Length of Time

17. Give examples of words your child understands. What does your child do to show he/she understands?

Words	Child's Response



My child's attention and understandings (*continued*)

18. Give examples of instructions your child understands. What does your child do to show he/she understands?

Instructions	Child's Response

My child's communication

19. If applicable, give one or two examples of things your child **says/signs/gestures** in the following situations.

Mealtimes: _____

Playing alone (talking to him/herself): _____

Playing with others: _____

When he/she is in distress: _____

Names/Signs/Gestures he/she uses for brothers, sisters, pets, etc.:



20. If applicable, what are some of your child's longest words, phrases or sentences?

My concerns and aspirations for my child

12. What are your major concerns about your child's development?

21. What specifically would you like your child to be doing a year from now that he/she is not doing now?

22. Are there any additional comments or information you would like to give about your child?



23. What are your expectations, or the standards you expect your child to achieve, and how do you achieve them? Give examples of everyday situations, (e.g. *That my child walks beside me and not run ahead at the supermarket.*)

What I'd like to know about Kenwick School

24. What are the key pieces of information that you would like to know about Kenwick School and the programs that the school offers?

Thank you for providing this invaluable information

