FILLABLE MICROSOFT WORD DOCUMENT

PLEASE RENAME AND SAVE THIS FORM TO YOUR COMPUTER BEFORE EMAILING TO ABACUS

If you require this form to be provided in a language other than English, please contact

Abacus Learning Centre on 03 5979 8891 or email [info@abacuslearning.org.au](mailto:info@abacuslearning.org.au)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dear Parent/Carer   1. Please complete all sections of the Intake form (all information is handled in accordance with our privacy policy) 2. Email completed form to nina.sutton@abacuslearning.org.au |  | **OFFICE USE ONLY** | Date | Initial |
|  | Form Received |  |  |
|  | Data Entered |  |  |

**CHILD’S DETAILS**

|  |  |
| --- | --- |
| **Surname** |  |
| **Given Name(s)** |  |
| **Name Child is Called**  (if different from given name) |  |

|  |  |
| --- | --- |
| **Gender** |  |
| **Date of Birth** |  |
| **Country of Birth** |  |
| **Language/s spoken at home** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Address** |  | | | |
| Suburb |  | Postcode |  |
| **Postal Address**  **(if different from above)** |  | | | |
| Suburb |  | Postcode |  |

**SCHOOL DETAILS**

|  |  |
| --- | --- |
| **Name of School** |  |
| **Grade** |  |
| **Teacher** |  |
| **Aide (if applicable)** |  |
| **Aide time (if known)** |  |
| **Address** |  |
| **Telephone** |  |
| **Do you give Abacus staff permission to contact your child’s School?** | Please tick [  ] Yes [  ] No |

**INFORMATION ABOUT THE CHILD’S PARENTS OR GUARDIAN**

|  |  |  |
| --- | --- | --- |
|  | **Parent / Guardian 1** | **Parent / Guardian 2** |
| **Name** |  |  |
| **Relationship to Child** |  |  |
| **Address – as per child or:** |  |  |
| **Home Phone** |  |  |
| **Work Phone** |  |  |
| **Mobile** |  |  |
| **Email** |  |  |
| **Does the child live with this parent/guardian?** | Please select [  ] Yes [  ] No | Please select [  ] Yes [  ] No |
| **Occupation** |  |  |

**COURT ORDERS RELATING TO THE CHILD**

|  |
| --- |
| **Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?** |
| No [  ] go to the next section  Yes [  ] please bring the original court order/s for staff to see and a copy to attach to this form; |

**MEDICAL HISTORY**

|  |
| --- |
| **Please provide a complete list of your child’s diagnosis/es and date of diagnosis/es** |
|  |

|  |
| --- |
| **Is your child currently taking any medications?** |
|  |

**OTHER SERVICES**

|  |  |
| --- | --- |
| **Are you currently receiving other services, or have you done so in the past and for how long?** | |
| **Speech** |  |
| **Psychology** |  |
| **Tutoring Services** |  |
| **Other** |  |

|  |
| --- |
| **Please describe the challenges your child is experiencing at home or school. What is the reason for this referral?** |
|  |

|  |  |  |
| --- | --- | --- |
| **Has your child been approved for National Disability Insurance Scheme funding?** | Please select [  ] Yes [  ] No  If yes, please attach a copy of your child’s approved plan | |
| **How is your NDIS plan managed?** | Please select [  ] Self managed | |
| [  ] Plan managed | Agency Name |
| [  ] NDIA managed | |
| **NDIS Participant Number** |  | |

**Please attach a copy of the most recent school report if available**