

**Section 1 — Basic Child Information.**

<b>Child's Name:</b>	<b>Date of Birth:</b>
<b>Parent Name:</b>	<b>Parent Name:</b>
<b>Contact:</b>	<b>Contact:</b>
<b>Emergency Contact:</b>	<b>Emergency Contact:</b>
<b>Any Professionals Contact Details for Child:</b>	<b>Any Professionals Contact Details for Child:</b>

**Medical/Diagnosis Information:**

Please mark if required

Tick if Diagnosed or Under Assessment	Tick if Diagnosed or Under Assessment	
Attention-Deficit Hyperactivity Disorder (ADHD)	Global Development Delay	
Sensory Processing Disorder (SPD)	Self-Harming	
Autism Spectrum Disorder (ASD)	Chromosome Disorder	
Sleep Disorder	Dwarfism	
Musculoskeletal Disorder	Tourette's	
Neurodevelopmental Disorder	Eating Disorder	
Pervasive Developmental Disorder (PDD-NOS)	Fetal Alcohol Disorder	
Childhood Disintegrative Disorder (CDD)	Depression / Major Depressive Disorder (MDD)	
Rett Syndrome	Bipolar Disorder	
Deaf / Hard of Hearing	Personality Disorders	
Hearing Impairment	Post-Traumatic Stress Disorder (PTSD)	
Speech Delay	Generalized Anxiety Disorder (GAD)	
Non-verbal	Obsessive-Compulsive Disorder (OCD)	
Apraxia of Speech	Anatidaephobia	
Receptive Language Disorder	Hoarding Disorder	
Blind	Fragile X Syndrome	
Low Vision	Prader-Willi Syndrome	
Colour Vision Deficiency	Schizoaffective Disorder	
Down Syndrome	Parkinson's Disease	
Cerebral Palsy (CP)	Multiple Sclerosis (MS)	
Muscular Dystrophy	Hydrocephalus	
Mobility Impairment / Wheelchair User	Spina Bifida	
Fine Motor Difficulties	Dyslexia	
Epilepsy	Turner Syndrome (XO)	
Chronic Illness	Klinefelter Syndrome (XXY)	
Cancer	Asthma	
Diabetes	Angelman Syndrome	
Dyspraxia (DCD)	Gender Dysphoria	
Separation Anxiety	Write Other:	

**Section 2 — Daily Routine.**

*Helps both parents keep consistency in daily life*

**Morning Routine**

Wake-up time:
Breakfast time:
Breakfast (Foods Child Likes)
Breakfast (Foods Child Hates)
Getting ready tips:
Calming Techniques:
Time to be at School/Centre/Other:
Regular Medication & Other

**Daytime Routine**

School/Centre/Other:
Naps/Quote Time:
Playtime:
Digital Time/Screen Time:
Therapy Sessions – If applicable:
Be careful of:
Calming Techniques:
Time to be collected from School/Centre/After School Club/Other:
Lunch – If not already provided by School/Centre/Other (Foods Child Likes):
Lunch – If not already provided by School/Centre/Other (Foods Child Hates)
Snacks:
Regular Medication & Other

**Evening Routine** (Dinner, bedtime routine, sleep cues)

Homework:
Calming Techniques:
Playtime:
Digital Time/Screen Time:
Dinner (Foods Child Likes):
Dinner (Foods Child Hates)
Cues the Child gives when tired:
Quite Time / Winding down Routine:
Time they get ready for bed:
Time they go to bed:
Any relaxing music, light or other needed:
Other (Regular Medication, Toilet Routine, Bath Routine):

**Section 3 — Preferences & Comfort.**

*To understand what makes the child happy or stressed.*

Favourite Toys/Activities:
Things that upset or over stimulates them:
Sensory Sensitivities: (Sound, touch, textures, lights, transitions)
Foods They Like (Not Already Listed):
Foods They Dislike / Must Avoid - Allergies, aversions, triggers (Not Already Listed):
Preferred Soothing Techniques:
Medication:
Other:

**Section 4 — Transition Support.**

Visual (*Calendar, Photo's of location or other parent prior*):

Verbal (Example telling child day before what is happening tomorrow, then again in the morning):

Emotional / Sensory Support (Example: Transitional Items, favourite toy or blanket):

Other:

**Section 5 — Behavioural & Emotional Notes.**

*Helps the receiving parent respond consistently and positively.*

Signs of Anxiety / Overwhelm / Other:

Best Ways to Respond to the above (*Emotional Regulation Strategies*):

Triggers to Avoid:

Strategies That Work to Refocus or Calm the Child:

Other:

**Section 6 — Communication & Support.**

*How does the child communicate?*

How to communicate verbally:

How to communicate none-verbally (*Example Body Language, Physical Contact*):

Any other communication styles:

Other:

**Section 7 — Communication & Support.**

*Ensures parents share important updates and strategies.*

Preferred Communication Between Parents About Child:

Therapists / Professionals Involved:

School Details:

Doctors Details:

Strategies Parents Agree to Use Consistently:

**Section 8 — Emergency & Safety Notes.**

Allergies / Medical Needs:

Emergency Contacts:

Important Safety Considerations:

Medication (Other not already mentioned):

Medication to be use in an emergency:

Other:

**Section 9 — Optional Notes**

Anything else you'd like the other parent to know:

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