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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of child |  | | | | | | | | | | | | | | Age | |  | | | |
| Name of parent/s |  | | | | | | | | | | | | | | | | | | | |
| Email address |  | | | | | | | | | | | | | | | | | | | |
| Contact number |  | | | | | | | | | | | | | | | | | | | |
| When would your child be looking to start? |  | | | | | | | | | | | | | | | | | | | |
| Are they currently at another setting and if so, where? |  | | | | | | | | | | | | | | | | | | | |
| How many hours are they there? |  | | | | | | | | | | | | | Dual Placement? | |  | | | | |
| Do they have social worker involvement? If so, who? |  | | | | | | | | | | | | | Do they have an EHCP in place? | |  | | | | |
| Name of person who suggested TWOA? *This is generally a professional – contacting them is helpful for supporting the application* |  | | | | | | | | | | | | | | | | | | | |
| Outline of needs – Medical | Shunt |  | | | Epilepsy | | | |  | | Oxygen | | | | | | | | |  |
| Primary Diagnosis e.g., Downs Syndrome | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Outline of needs –  Sensory Impairments | Hearing |  | | | | | Visual | |  | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Outline of needs – Physical | Buggy | |  | | | Wheelchair | | | |  | | | CP | | | | | |  | |
|  | |  | | |  | | | |  | | |  | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Outline of needs – Sensory | ASD | |  | | | | Sensory | |  | | | |  | | | | |  | | |
| Overload Easily i.e. Do they become dysregulated? | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| Outline of needs – Communication | Verbal | | |  | | | | PECS |  | | | | Sign | | | | | |  | |
| Any other form of communication? | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Any restrictions of visit times? |  | | | | | | | | | | | | | | | | | | | |
| Anything else we need to know? |  | | | | | | | | | | | | | | | | | | | |