

Please return to:
Stepping Stones Reception
Disabled Children's Team
Stepping Stones Centre
Brunel Road
Malinslee
Telford
TF3 2BF
Tel: 01952 567402

Record of Disabled Children and Young People Including those with Additional Needs.

Childs Details:

First name _____ Surname _____

Date of Birth _____ Gender Male / Female

Address: _____

Postcode _____ Telephone Number _____ Mobile _____

GP Practice _____

School, College or preschool attended _____

Child's Ethnicity _____ Religion _____

Professionals currently involved _____

Clubs / activities attending _____

FULL NAMES OF PARENT(S)/CARER(S) This should be the person or people who have parental responsibility for the child:

Parent / carer one: Title..... First Name..... Surname.....

Parent / carer two: Title..... First Name..... Surname.....

Siblings

Names of siblings. Do these children have disabilities?

Name(s): Date of Birth: Yes / No

Name(s): Date of Birth: Yes / No

(If you want other children to be on the record, please complete separate forms for each child.)

Description of Child's Disability

Please tick **all** that apply (any additional information use free text box below)

- | | | | |
|---|--------------------------|-------------------|--------------------------|
| Behaviour
including ADHD/ASD | <input type="checkbox"/> | Incontinence | <input type="checkbox"/> |
| Communication | <input type="checkbox"/> | Learning | <input type="checkbox"/> |
| Consciousness | <input type="checkbox"/> | Mobility | <input type="checkbox"/> |
| Diagnosed with autistic spectrum disorder | <input type="checkbox"/> | | |
| Hand Function | <input type="checkbox"/> | Personal Care | <input type="checkbox"/> |
| Hearing Impairment | <input type="checkbox"/> | Visual Impairment | <input type="checkbox"/> |
| Undergoing Diagnosis | <input type="checkbox"/> | | |

(Please use free text box below for any further information)

Medical Condition/Other

Communication and Social Skills

- | | | | |
|---|--------------------------|---|--------------------------|
| Needs help communicating | <input type="checkbox"/> | Overcoming anxiety | <input type="checkbox"/> |
| Use communication aids | <input type="checkbox"/> | Relating to others | <input type="checkbox"/> |
| Needs help with play skills | <input type="checkbox"/> | Lack of awareness of danger outside of the home | <input type="checkbox"/> |
| Lack of awareness of danger in the home | <input type="checkbox"/> | | |
| Has problems understanding and/or interpreting language | | <input type="checkbox"/> | |
| Needs help accessing leisure activities | | <input type="checkbox"/> | |

Child's main language (please tick)

- English Punjabi Urdu Makaton British Sign Language
- None Other (specify) _____

Request for more Information:

Please tick - I would like more information on:

- | | | | |
|--------------------------------|--------------------------|--|--------------------------|
| I Can 2 newsletter | <input type="checkbox"/> | Disabilities | <input type="checkbox"/> |
| Accessible Disability holidays | <input type="checkbox"/> | Benefits | <input type="checkbox"/> |
| Transition | <input type="checkbox"/> | Education | <input type="checkbox"/> |
| Parenting | <input type="checkbox"/> | Health | <input type="checkbox"/> |
| Mobility/Mobility Equipment | <input type="checkbox"/> | Charities | <input type="checkbox"/> |
| Housing | <input type="checkbox"/> | Support services | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Child Care | <input type="checkbox"/> |
| Other Activities | <input type="checkbox"/> | Transport-travelling with your child
(Coach, Airlines etc.) | <input type="checkbox"/> |
| Young Carers | <input type="checkbox"/> | | |

(Please use free text box below for any further information)

Would you like to be added to our email distribution list: Yes No

If yes please provide email _____

I understand that some or all of this information may be used by Telford & Wrekin Council in the course of their business purposes and my consent is conditional upon compliance with the council's obligations under the Data Protection Act 1998.

All information provided will be handled by Telford & Wrekin Council in accordance with the Data Protection Act 1998. In order to plan services effectively it may be necessary to share information with selected partner agencies who will also handle the data within accordance of the act.

As the person with legal responsibility for this child I agree to his /her details remaining on the database until his / her 19th birthday or until such time as I request they be removed by contacting Children's Specialist Services.

Signature of Parent / carer Date:.....

Signature of Parent / carer Date:.....

Office use:

Date received.....

DCT STAMP

Date entered on system.....

Record number.....

Useful Numbers and Web Sites

Stepping Stones Centre

Brunel Road
Malinslee
Telford
TF3 2BF
Tel: 01952 567300

Information Hub

Stepping Stones Centre
Brunel Road
Malinslee
Telford
TF3 2BF
Tel: 01952 567402

Family Connect

www.telford.gov.uk
Tel: 01952 385385

Independent, advice, Support service

Website: <http://www.parentpartnership-shropshireandtelford.org.uk/>
Email: info@pps-shropshireandtelford.org.uk

First Point

Southwater One
Tel: 01952 380000

PODS

PO Box 772
Telford
Shropshire
TF7 9FD
Email: info@podstelford.org
www.podstelford.org
Tel: 07775 342092 or 07824 631297

Contact a Family

Freephone Helpline: 0808 808 3555
www.cafamily.org.uk