# **REGISTRATION FORM: INCLUSION 2019, COMMUNITY HUB CRAIGAVON**

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| --- | --- |
| Name |  |
| Address |  |
| Email Address |  |
| Emergency Contact Number |  |
| Childs Name |  |
| Age and Date of Birth |  |
| School (must be attending mainstream) include details on 1:1 |  |
| Date of ASD Diagnosis/ongoing assessment |  |
| Any other diagnosis? |  |
| Challenging Behaviour - give all details of challenging behaviour |  |
| Medical or Allergy needs - give details of all medical needs or if an allergy is present |  |
| Toilet Trained - give details of support needed around toileting |  |
| Form of Communication - give details of communication style – e.g verbal, PECS, Makaton etc |  |
| Home/community Support - give details of any support you have currently in place at home — list all therapies you currently use or have used in the past. For instance, ABA, speech therapy, OT. |  |
| Name two caregivers who will avail of the parent training and their relationship to your child. |  |
| Are you willing to travel to Craigavon each Saturday morning for the 6 weeks? |  |
| Photo/ Video Consent - photos may be used for future promotion of this course |  |

Inclusion for ASD groups will occur for 6 consecutive Saturday’s (with a break for July 12th weekend) from 9.30-12. There will be a mid-morning break

Please circle dates you can attend (priority will be given to those families who can attend all 6 dates):

|  |  |  |
| --- | --- | --- |
| 6th July | 20th July | 27th July |
| 3rd August | 10th August | 17th August |
|  |  |  |