



The Briars Special Early Learning Centre

... a vibrant, safe and nurturing learning community
for children with disabilities

Assessment Summary

Child's name: _____ Gender: M / F _____ D.O.B.: _____

Parent's / Carers names: _____ NDIA No: _____

Address: _____

Mobile no: _____ Home no.: _____ Email: _____

Diagnosis: _____

Does the child identify as Aboriginal or Torres Strait Islander? _____ YES / NO

Is the child under the Guardianship of the Minister? _____ YES / NO

Is the child currently attending a DECS preschool? _____ YES / NO

If so, where: _____ Date started? _____ Sessions per wk? _____

Does your child receive preschool support? _____ YES / NO

Is your child currently attending any other programs / centres? _____ YES / NO

If so, where: _____

Is your child involved with any Agencies? *(ie, Novita, Autism SA)* _____ YES / NO

If so, which agencies? _____

Has your child had any formal assessments *(If so, please attach copies)* _____ YES / NO

What lead you to visit The Briars?

INFORMATION ABOUT YOUR CHILD

LANGUAGE / COMMUNICATION: *(eg uses sign, gesture, verbalises, follows instructions)*

Expressive:

Receptive:

HEALTH & MEDICAL INFORMATION:

EATING: *(eg eats independently, uses utensils, eats finger food, requires supervision, PEG)*

ALLERGIES:

TOILETING: *(eg uses toilet independently, wears nappy, toilet timed)*

INDEPENDENCE: *(eg requires dressing, washes face and hands independently)*

MOTOR SKILLS:

Gross Motor & Mobility: (eg climbing, walking, playing outdoors etc)

Fine Motor: (eg hand use, playing with toys, drawing, etc)

SAFETY CONCERNS: *(ie Boundaries, management of yard and equipment)*

PLAY SKILLS: *(eg shows interest in toys, appropriate play with toys, interactive / parallel / solitary play, interested in other children)*

SOCIAL SKILLS:

BEHAVIOURAL / EMOTIONAL OBSERVATIONS:

Home:

Other settings:

SENSORY NEEDS: *(sensitivity to noise, texture, movement, change)*

Hearing: *(Date of assessment if known)*

Vision: *(Date of assessment if known)*

Signature of Parent / Carer

Date

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Recommended for enrolment at The Briars

YES / NO

Date:

Signed:

Print Name: