



Medowie PlayConnect
 Medowie Baptist Community Church
 6 Waropara Road, Medowie
 Contact: Amanda Gray (02)49581562



Tell us about your child

(Child's Details)

Child's full name: _____ Age: _____

Does your child have a diagnosis? Yes No If yes, please list below:

Does your child have any allergies? Yes No If yes, please list below:

Are there any foods they won't eat? What do they like to eat?

What is your child's main interest? What do they love doing?

Does your child run away? Yes No

Does your child have fears or anxieties that lead to "meltdowns"? Yes No

If yes, what can cause these meltdowns or cause them anxiety? _____

What can help calm your child during meltdowns? _____

Tick one of the following statements which best describes your child's communication:

No Communication

Short sentences

Gestures and vocalisation (eg grunts)

No difficulty with communication

Single words

Other _____

Is there anything else you think we should know about your child?

Signed: _____ Date: _____

*Return this form to Amanda Gray or post it to her at: PO Box 164, Boolaroo, NSW 2284
 Visit www.learn2bebuddies.com.au/pages/playconnect/medowie.html for updates on what is
 happening at Medowie PlayConnect.*