



# HOPS ADDITIONAL NEEDS INFORMATION FORM

Please complete this form if your child has any additional needs (physical, emotional, learning) which may impact on their time at HOPS.

PLEASE GLUE A HEADSHOT OF YOUR CHILD HERE TO ENABLE QUICK AND EASY IDENTIFICATION

PLEASE ENSURE THE PICTURE APPROXIMATELY FITS THIS SPACE AS THESE SHEETS WILL BE AVAILABLE TO STAFF FOR QUICK REFERENCE

CHILD'S NAME:

AGE:

DATE OF BIRTH:

ADDITIONAL NEED:

In what way/s might your child's additional needs manifest?

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What should HOPS staff do to help your child?

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Is there anything else we can do or provide such as a safe, quiet place to go to, or someone to assist them?

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