

Kent Children's Disability Register

CHILD'S DETAILS

First Names:

Surname:

Alternative Name:

Date of Birth:

D	D	M	M	Y	Y

Male

Female

Ethnic Origin:

Address:

Postcode: _____

Email: _____

Telephone number: _____

Family household in which child lives:

Relation to Child	First Name	Surname	Date of Birth	Are they also disabled?

Name given to disability/ies (if known)

Please put a tick against which of the following applies to the child's disability:

LEARNING

- Mild
- Moderate
- Severe
- Profound

PHYSICAL

- Mild
- Moderate
- Severe
- Profound

SENSORY

- Mild
- Moderate
- Severe
- Profound



EDUCATIONAL PLACEMENT CHILD ATTENDS

Name / Address of Nursery / Centre / School your child attends:

Is it Residential Day

If placement is Residential, please indicate which is appropriate out of the following:

Weekly Termly 48/52 Week Placement Other

Does your child hold a Statement of Special Educational Needs? Yes No

If No, is your child currently undergoing Statutory Assessment of Special Educational Needs? Yes No

SUPPORT SERVICES

What Support Services are used and how frequently (i.e., daily, weekly, monthly) e.g., Speech Therapy, Physiotherapy, Link Family Scheme, Music Therapy, Art Therapy, Direct Payments, etc.

Is the amount of support received enough? Yes No

What other services do you feel would be useful to you?

FUTURE REQUIREMENTS (within the next 5 years – please tick which you feel would be most appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Adapted Housing | <input type="checkbox"/> Supported Housing |
| <input type="checkbox"/> Independent Living Scheme | <input type="checkbox"/> Too young to make a decision currently |
| <input type="checkbox"/> Living with Family or Carers | <input type="checkbox"/> Other (please state below) |

SHORT TERM SHARED CARE

Does your child receive shared care? Yes No

Name of Provider:

Address:

If overnight, how many anticipated overnight stays per year?

Are you in touch with any **Voluntary Organisations**? e.g., Mencap, Autistic Society, Scope

RECREATION / LEISURE – what activities does your child take part in outside of the family?
(Clubs, playschemes, etc.)

Do you have any additional comments you would like recorded?

(Please feel free to continue on a separate sheet if necessary)

SOCIAL WORKER (if applicable)

Name:

Address:

Telephone number:

Information given by (please print)

Name:

Address:

Telephone number:

Relationship to child:

Are you willing for us to forward information from KCC or other relevant organisation to you? (Includes Children's Disability Register Newsletter)

Yes

No

Would you be willing for the information contained in this form to be shared with other professionals from Health and Education for planning purposes?

Yes

No

Signed: (parent / carer)

Date:

Please return this form to:

Children's Disability Register
Management Information Unit
Kent County Council
3rd Floor, Invicta House
Telford
Kent TN11 8XX
Tel: 01222 694719
kent.gov.uk/cdr