

# Registration Form

MindBuilders works to empower PARENTS themselves to interact more effectively with their child at home. This involves all the family and requires active commitment and effort from parents and (extended) family.

<b>Today's Date:</b>	<b>Full Postal Address</b>					
	Directions to your house + nearest tube station, buses, train:					
<b>Mother's Full Name</b>	Date of Birth	Education: Primary	Secondary	GCSE	A-Levels	University
		Occupation/Work:				
<b>Father's Full Name</b>	Date of Birth	Education: Primary	Secondary	GCSE	A-Levels	University
		Occupation/Work:				
<b>Children's Names</b>	<b>Date of Birth</b>	<b>Boy/Girl</b>	Name of School/ Nursery			
			Full-time	Part-time	hrs/wk	
		Boy	Girl			
<b>Siblings' Names</b>	<b>Date of Birth</b>	<b>Boy/Girl</b>				
		Boy	Girl			
		Boy	Girl			
<b>Cultural Background/Identity:</b>						
<b>Religion:</b>						
<b>Home-Languages:</b>						
<b>Child's Diagnosis or suspected diagnosis (if any):</b>						
<b>Date of Diagnosis:</b>						
<b>Email (mum/main carer):</b>	<b>Phone numbers:</b>					
<b>Email (dad/other):</b>	<b>Mum/main carer:</b>		<b>Dad/other:</b>			
	Home:		Home:			
	Work:		Work:			
	Mobile:		Mobile:			

**How did you find out about MindBuilders?**

What www. search words did you use?

Name of Referring Person:

Email and/or phone:

**What other support does your family currently receive? (Please provide name, phone, email)**

Personal Independence Payments (PIP):

Direct Payments:

Speech Therapy:

Occupational Therapy:

Sensory Integration OT:

Nutrition/Diet:

Behavioural support:

Music therapy:

CAMHS:

Counselling/Psychotherapy:

ABA:

SonRise/Options:

Private lessons (e.g. piano, ballet):

Other:

**About your child at home**

- TV/DVDs/electronics are on:  
all the time    before school    after school    3-5 hours/day    ±1 hour/day    never
- Press-the-button, electronic toys/gadgets make up:  
all            most            half            a few            none of my child's toys
- Cars/toys with wheels make up: all    most    half    a few    none of my child's toys
- We go to the park/playground: every day    3-4 times/week    1-2 times/week    weekends    occasionally
- I talk and/or sing WITH my child: all the time    a lot    probably every day    occasionally    never
- My child is given a baby-bottle to drink: 3-5 times/day    once/twice a day    to go to sleep    at night    never
- My child: is not    is partially    is being    is    toilet-trained
- I play to have fun with my child: every day    3-5 times/week    1-2 times/week    at weekends    occasionally
- My child's toys include: wooden bricks    play-people/animals    dolls/teddies    cars/trains    boxes/ shelves
- I have been worried about my child:  
since birth    before 6/12/18 months    around 2 years    recently    since:
- What does your child use his/her hands for in daily activities and play?

**What are you most worried about?**

1

2

3

**What is your child good at/loves to do?**

1

2

3