



Sibylle Janert
 An der Au 3
 D 83324 Ruhpolding, Germany

0049 170 155 2676
 perspektiven@janert.info

Registration Form

Today's Date:		Full Postal Address	
Mother's Full Name	Date of Birth	Occupation/Work – Full-time/Part-time:	
Father's Full Name	Date of Birth	Occupation/Work – Full-time/Part-time:	
Children's Names Referred child and ALL siblings	Date of Birth		Name of School/ Nursery Full-time? - Part-time/hrs/wk?
		Boy/ Girl (please circle)	
		Boy/ Girl	
		Boy/ Girl	
Cultural Background/Identity/Religion:			
Home-Languages:			
Child's Diagnosis/ suspected diagnosis (if any):			
Email (mum/ main carer):		Phone numbers:	
Email (dad/ other):		Mum/ main carer:	Dad/ other:
		Home:	Home:
		Work:	Work:
		Mobile:	Mobile:
How did you find out about Sibylle Janert/ MindBuilders?			
What www-search-words did you use?			
Name of Referring Person:		Email/Phone:	

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

Disability Living Allowance (DLA): ...yes/no ... Direct Payments: ...yes/no ... *(please circle)*
Speech Therapy: Nutrition/Diet:
Occupational Therapy: Sensory Integration OT:
Behavioural support: Music therapy:
Counselling/Psychotherapy: ABA:
Mobility Allowance: Other:

About your child at home *(please circle)*

- My child uses TV/youtube/phone/electronics Daily – Before/ After school – 3-5 hrs/day – ±1 hr/day – Never
- Electronic/ battery toys/gadgets make up All – Most – Half – A few – None of my child's toys
- Cars/ trains/ toys with wheels make up All – Most – Half – A few – None of my child's toys
- I respond/attune emotionally to 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
- Toilet-training: my child is not – is partially - is being - is fully 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 – Little people/animals – Dolls/Teddies – Boxes/ Containers – Shelves
- I have been worried about my child Since birth – Before 6/12/18 months – Around 2 years – Recently – since:.....
- For what activities does your child use his/her hands?

What are you most worried about?

1.....
2.....
3.....

What is your child INTERESTED in/ GOOD at/ What does s/he LOVE to do?

1. 6.
2..... 7.
3..... 8.
4. 9.
5. 10.

Please send completed REGISTRATION FORM either by POST or as EMAIL-attachment to:

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ADDITIONAL INFORMATION:

If there is anything else you would like me to know,