**Initial Enquiry Form**

NB – Information will be shredded after 12 months from the date of enquiry if you do not use our services. Please refer to our Privacy Notice on our website: [www.treetopsot.co.uk](http://www.treetopsot.co.uk) for further information. If you need help completing this form please ask a member of our team.

|  |  |
| --- | --- |
| **Parent/Carer’s name:**  | **Mr/Mrs/Ms/** |
| **Child’s name:**  | **Sex M/F** |
| **D.O.B**  | **Age:**  |
| **Address:**  | **Telephone:**  |
|  | **Mobile:**  |
|  | **Email:**  |
|  | **Please note Tree Tops is dedicated to helping protect the environment by reducing our paper trail. All our correspondence will therefore be issued by email unless otherwise requested.** |
| **Postcode:** |  |
| **School (Mainstream/Special)** |  | **Year group:** |
| **Diagnosis:**  |  |
| **Does your child have learning difficulties and/or seen CAMHS/OT/EP?** |  |
| **How did you hear about Tree Tops?** |  |
| **What is the reason for the assessment?****ie General concerns, EHCP, Tribunal** |  |

|  |
| --- |
| **Please tell us about your main concerns. Comment on your child’s ability with** |
| **GROSS MOTOR** |
| Running/walking(running gait etc) |   |
| Riding bike (with/without stabilisers) |  |
| Throwing/catching(flinches etc) |  |
| Sport/PE |  |
| General Co-ordinationGoing up/down stairs (reciprocal action)Clumsy?Leans on people, furniture/walls?Balance? | . |

|  |
| --- |
| **FINE MOTOR** |
| Using scissors(ragged cutting/on the line) |  |
| Using/playing with construction toys ie jigsaws/Lego |  |
| Drawing(immature, light/heavy pressure) |  |
| Handwriting(grip, reversal of letters/numbers, hand/arm ache, spidery, pressure heavy/light etc) |  |
| **DRESSING/FINE MOTOR** |
| Fastening buttons |  |
| Tying shoelaces |  |
| Dressing independently (inside out/wrong way) |  |
| Using cutlery(finger eats) |  |
| **SCHOOL PRESENTATION** |
| Do they keep up with peers – reading, writing, maths/English? |  |
| Do they struggle to stay focused? (lack concentration/fidget) |  |
| Do they get work completed in the allocated time? |  |
| Do they achieve better on some days than others? |  |
| Behavioural problems/meltdowns (home or school) |  |
| General  |  |

|  |
| --- |
| **SENSORY ISSUES** |
| Do they seek out stimulation?(spin/fidget) |  |
| Any aversion to sights, smells, noises or textures? |  |
| Do they struggle being close to others? |  |
| Are they dormant or heightened? |  |
| General  |  |
|  |
| DietChewingGeneral |  |
|  |
| Sleep patternRoutine General |  |
| **ANY OTHER COMMENTS?** |
|  |

**For office use only:-**

|  |  |
| --- | --- |
|  | **Actioned** |
| **Take email address** |  |
| **Permission to send literature** |  |
| **TT website mentioned** |  |
| **TT Facebook mentioned** |  |
| **PSG mentioned** |  |
| **Added onto database \*** |  |
| **TT to ring back** |  |
| **Client to ring back** |  |

**\*Check to see if want contact by newsletter, direct or email**

|  |  |  |
| --- | --- | --- |
|  | **Date** | **Agreed** |
| **Contacted TT** |  |  |
| **Quoted** |  |  |
| **Accepted** |  |  |
| **Booked into diary** |  |  |
| **Letter sent** |  |  |
| **Invoiced** |  |  |
| **Comments****Discussed instalments: Y N****Discussed tribunal reports: Y N** |