ENROLMENT FORM

Date

D D M M Y Y Y Y

GETTING TO KNOW YOU (The Parent/Guardian)

First Name | Middle Initial | Surname

Address | Relationship to child

Suburb | State | Post Code

Primary Contact Number | Secondary Contact Number

E-mail address

GETTING TO KNOW YOUR CHILD

Child's First Name | Middle Initial | Last Name

Child's Date of Birth

D D M M Y Y Y Y

Child's Gender

Male | Female | Other

OFFICE USE ONLY

Child's ID #

Class ID #

Program Name

Please give your assessment of your child's ability to each of the following questions:-

	Never	Occasionally	Frequently	Almost always
1. Appears not to hear what you say	☐	☐	☐	☐
2. Hums, whistles, sings or makes other noises throughout the day	☐	☐	☐	☐
3. Is distracted or has trouble functioning if				
a) there is a lot of noise	☐	☐	☐	☐
b) there is sudden or loud noise	☐	☐	☐	☐
4. Doesn't watch during instruction, but follows through with activities	☐	☐	☐	☐
5. Has difficulty copying actions and movements	☐	☐	☐	☐
6. Startles at unexpected movements	☐	☐	☐	☐
7. Avoids eye contact	☐	☐	☐	☐
8. Shows spatial awareness	☐	☐	☐	☐
9. Is awkward in movements	☐	☐	☐	☐
10. Slouches, slumps or sprawls in chairs, tires easily - ie appears inactive	☐	☐	☐	☐
11. Seeks out movement, can't sit still, fidgets	☐	☐	☐	☐
12. Retreats or is slow to participate in physical activities	☐	☐	☐	☐
13. Chews,licks or sucks on food or objects	☐	☐	☐	☐
14. Closeness:-				
a) Comes too close into other people's personal space	☐	☐	☐	☐
b) Touches others to the point of irritating them	☐	☐	☐	☐
15. Does your child have a preference to:-				
a) Hard/ rough surfaces	☐	☐	☐	☐
b) soft smooth surfaces	☐	☐	☐	☐

16. Touches everything he/she sees ie "learns through their fingers"

17. Is easily upset by minor injuries ie if bumping into another person, or tripping etc

18. Shows little emotion, regardless of a situation

19. Is especially over / under (Please circle) reactive to changes in routine

20. Likes to be in control of their environment

21. Responds favourably to Fun and Silliness

22. Prefers the structure of rules and routine

23. Has difficulty "moving on"

24. Marked mood variations - prone to outbursts or tantrums

25. Poor grasp of objects

26. Difficulty changing hands with objects

27. Difficulty letting go of objects

Just a few more :-

	Yes	Sometimes	With Assistance	Not Yet
1. Can your child balance on two feet				
2. Can your child balance on tippy toes				
3. Can your child balance on 1 leg for 5 seconds without holding onto anything				
4. Can your child hop on one leg				
5. Can your child skip using alternate legs				
6. Can your child catch a large ball with both hands				

Finally:- Please tell us 3 motor skills you would like to see your child achieve:-

1. ……
2. ……
3. ……

Anything else you would like to add :- ……

……

……

……

……

……

……

Disclaimer

I/we the undersigned accept that all methods and syllabus that are used within the DOTS program are implemented with safe dance practice.

Although methods are proven effective, each child's experience and therefore results will vary depending on personal development.

Signed:- Date:-