

Place Child's photo here



MyTime

supporting parents of children with disabilities

Play Helper Guide

Use this form to let your group play helper important information about your child

CONFIDENTIAL

To be completed by MyTime members whose children are being engaged by a Play Helper

Your name	_____	Group name	_____
Child's name	_____	Date of birth	_____
Child's name	_____	Date of birth	_____
Child's name	_____	Date of birth	_____

Description of the condition

Any information Play Helper needs to know relevant to the child's attendance, learning and care at the MyTime session.

Management Issues

Please tick and provide only information that Play Helper will need to know to care for the child during MyTime sessions.

- | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="radio"/> Impact on capacity to participate in routine activities | <input type="radio"/> Behaviour management plan |
| <input type="radio"/> Limitations on physical activities | <input type="radio"/> Health plans: eg. Asthma plan, seizure plan |
| <input type="radio"/> Need for rest / privacy / emotional support | <input type="radio"/> Other |
| <input type="radio"/> None applicable to my child | |

Please provide details below and bring in any health plans for your child.
