

Date of Application

Completed by

### Trainee Information

Full name

Nickname

Age

Date of Birth

Place of Birth

Languages Spoken

#### Proficiency in English

**Reading**  Fluent  
 Average  
 Beginner

**Writing**  Fluent  
 Average  
 Beginner

**Spoken**  Fluent  
 Average  
 Beginner

**Gender**  Male  
 Female  
 Prefer not to disclose

#### Name and age of anyone under 18 living with the trainee

Name  Age

Name  Age

Name  Age

### Family Information

#### Parent/Guardian 1

Full name

Relationship to Trainee (parent, aunt, caregiver)

Phone Number

Email Address

Occupation

**Address of Guardian 1**

*Parent/Guardian 2*

**Full name**

**Relationship to Trainee** (parent, aunt, caregiver )

**Phone Number**

**Email Address**

**Occupation**

**Address of Guardian 2**

Same as guardian 1

Please give Guardian 2's address if different

**Is the Trainee's address the same as the guardian?**

- Same as guardian 1
- Same as guardian 2
- Both addresses

Please give Trainee's address if different

## Emergency Contact

**Preferred Hospital**

*Emergency Contact 1*

**Full Name**

**Phone Number**

**Relationship to Trainee**

**Emergency Contact 2**

**Full Name**

**Phone Number**

**Relationship to Trainee**

**Emergency Contact 3**

**Full Name**

**Phone Number**

**Relationship to Trainee**

**Name, phone number and number plate of person who will be dropping off/picking up your family member each day**

**Name**

**Phone number**  **Plate number**

**Medical Information**

To ensure the safety of your family member whilst they attend Steps, please share all medical information.

**Does your family member have any ongoing health concerns?** (for example diabetes, epilepsy, asthma, gastro issues)

**Does your family member have any allergies?** (for example animal hair, dust, nuts)

### Education Information

It is important to share as much detail as possible so we can prepare to support your family member as quickly as possible. When this information isn't shared, it delays us providing the best possible support.

**Please list your family members previous education programmes**

(schools, centres, online learning, university)

**Which was the most recent education programme?**

- Mainstream school
- Mainstream with learning support
- Special needs school
- Vocational school
- University

**End date of most recent education programme**

Please provide contact information for a teacher/SENCo/ specialist from the last education programme who knows your family member well. Transitions are smoother when we collaborate.

Name

Email  Phone number

**Why did your family member leave the last education programme?** (for example, graduated, not the right fit, provision no longer available)

**Has your family member attained any qualifications, certificates or awards?**

(academic or non academic)

**Please list any known diagnoses that your family member has**

(autism, dyslexia, depression)

**When was this diagnosis made?**

**Who made this diagnosis?**

(Hospital and Doctor/Specialist name)

**If no diagnosis has been made, what do you believe your family members needs to be?**

(For example, Tom doesn't have a diagnosis but he struggles with social interaction and doesn't have many friends)

**Please list any assessments your family member has had**

(for example Speech and Language Assessment)

Please attach the reports to this application.

**Has your family member previously received any of these therapies:**

- Speech and Language
- Occupational Therapy
- Physical Therapy
- Counselling
- Play Therapy
- Applied Behaviour Analysis (ABA)

**How does your family member prefer to communicate?**

- Verbally
- Verbally with the use of visual supports
- PECS (picture supported communication)
- Sign language
- AAC (a device that supports communication)

**Would you like your family member to join Relationship and Sex Education sessions?**

- Yes
- No
- I would like to discuss with you further

**Does your family member have a disability card issued by the Thai government?**

- Yes
- No

## Getting to know your family member

Please note, none of these questions determine whether your family member will be accepted into our programme. The questions are to help us know and support them better.

**Is your family member aware of their diagnosis or learning differences? How do they feel about it?**

(if applicable)

**Does your family member have any challenges being with other people with learning differences?**

**What does your family member enjoy doing? What are they good at?**

(academic or non academic)

**How would you describe your family member?**

(happy, easy going, enthusiastic, inquisitive)

**What kind of things worry your family member?**

(for example changes in routine, new people, new places)

**Does your family member have a behaviour plan or any behaviour concerns?**

(for example, easily frustrated and needs a quiet space to calm down or likes to go out without letting you know)

Please tick any of the following areas below that describe your family member:

**Social-emotional**

Frequently      Sometimes      Never

Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs high amounts of attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Behaviour**

Frequently      Sometimes      Never

Sleep challenges / Restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not telling the truth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaking property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical harm to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty focusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stammering/stuttering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day dreaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If your family member does something they are not supposed to, how do you communicate with them about it?**

(for example family meeting, visual supports, punishment)

**The future**

**What are your expectations from our programme?**

**What progress would you like to see your family member make?**

**What type of job do you think your family member would enjoy/be good at?**

**In the future if we had a semi independent living programme would you be interested in that?**  
(where trainees stay with us Monday-Friday)