

## Habilitation Feedback Summary

Child's Name ..... D.O.B./CHI .....

School ..... Local Authority .....

### Habilitation provided by

- social work
  - education
  - other
- contract
  - directly

Name of organisation providing services.....

Name of Qualified Habilitation Specialist.....

Date of initial mobility assessment by QHS.....

Date of initial independence assessment by QHS.....

Date service declined/not taken up by parent/carer.....

Name of person completing ..... Date .....

Base .....

Telephone.....

Please complete and return this form to .....