

JJO Disability Advocator

What type of support do you already get for your child? (Please explain)

Describe your child's behaviour and needs.

1. communication – how well can your child communicate.?			
Is your child verbal?			Yes/No
Is your child's speech unintelligible?			Yes/No
Does your child need aids or prompts to assist communication e.g., sign language, I-pad, visual clues, maker board, PECS etc.?			Yes/No
Does your child have a recognizable speech delay?			Yes/No
Is your child socially immature?			Yes/No
How clearly can your child communicate?	Non-Verbal	Difficulty communicating	Can communicate clearly
Can your child follow simple 2/3 step instructions?	Unable to follow simple instructions.	Needs assistance following simple instructions.	Can follow simple instructions.
Other /Please expand:			

2. Self-care Personal Grooming -How much assistance dose your child need with the following?			
Toileting	No assistance	Some assistance	Dependant on carer
Washing / Bathing	No assistance	Some assistance	Dependant on carer
Dressing	No assistance	Some assistance	Dependant on carer
Grooming	No assistance	Some assistance	Dependant on carer
Making their bed	No assistance	Some assistance	Dependant on carer
Is your child toilet trained			Yes/No
Is your child incontinent? e.g., pullups, diapers, catheters			Yes/No  Day / Night
Other/please Expand:			

3. Eating -How much assistance does your child need with the following?			
Preparing food or a drink	No assistance	Some assistance	Dependant on carer
Eating	No help required	Some help required	Dependant on carer
Drinking	No help required	Some help required	Dependant on carer
Supervision at mealtime	No help required	Some help required	Dependant on carer
Food/ snack choices	No help required	Some help required	Dependant on carer
Are they tube or peg fed?			Yes/No
Does you child have sensory issues with food?	Yes/No		
Other/ please expand:			

4. Safety- How safe is your child without supervision?			
Does your child have issues regarding personal safety awareness?			Yes/No
Is your child at risk of inadvertently causing harm to self or others?			Yes/No
Would your child know how to remove themselves from danger			Yes/No
Does your child have escapism tendencies?			Yes/No
Does your child understand 'Danger/ Stranger'?			Yes/No
Does your child understand 'Appropriate/ Inappropriate touch'?			Yes/No
Does your child understand 'Public/ Private'?			Yes/No
Does your child understand the dangers of Hot/ Cold?			Yes/No
Does your child have road safety awareness?			Yes/No
Does your child tend to put non-food items into their mouth?			Yes/No
Can your child identify their name, address, phone number or school?			Yes/No
What level of close supervision does your child require in public?			Low Medium High
Other/ Please expand:			

**5. Medical/ Health/ Therapy**

Is your child on any medication? (What is it for)	Yes/ No
Can your child self- administer their medication?	Yes/ No
Does your child have any physical disabilities? (describe)	Yes/ No
Does your child have regular therapy, health or specialist appointments?	Yes/ No
Does your child require any medical equipment?	Yes/ No

Other/ Please expand.

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**6. Mobility- How mobile is your child**

<b>6. Mobility- How mobile is your child</b>	
Does your child have any mobility issues?	Yes/no
Does your child require physical assistance to move around?	Yes/no
Can your child move quickly?	Yes/no
Does your child have any issues with fine or gross motor skills or dyspraxia? (Please identify)	Yes/no
Has your child's home been modified to accommodate their needs?	Yes/no
Does your child require any mobility aids/ equipment to move around?	Yes/no
Other/ please expand.	

<b>7. Behavioral Issues/ Stress/ Anxiety</b>	
Does your child have any behavioral issues of concern?	Yes/No
Can your child identify their needs?	Yes/No
Are there any specific triggers that affect your child's behavior.	Yes/No
Does your child cope with changes to routine?	Yes/No
Does your child have any learning difficulties or require additional support at school?	
How does your child indicate they are stressed?	
How do you manage any stress or anxiety in your child? (what calms them)	
Other/ Please expand.	

