

Special Needs Assessment Template

Special Needs Assessment Template Describe your Child's Behaviour and Needs			
Child 1. Full name:			
Date of Birth:		Age:	Cognitive Age:
Disability or additional needs:			
Has there been a formal diagnosis	Yes / No	Do you have access to medical records to confirm this	Yes / No
Has your child been exposed to any form of family violence (witnessed it, overheard it, been on the receiving end of it etc)			Yes / No
Give details			

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 eg: Sign language, I-pads, Visual clues, board maker 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 does 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 or incontinent			Yes / No
Other / Please expand:			

3. Eating – How much assistance does your child need with the following:			
Preparing food or a drink	No help required / Some help required / 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 meal times	No help required / Some help required / Dependant on carer		
Food / snack choices	No help required / Some help required / Dependant on carer		
Are they breast fed, tube fed or peg fed			Yes / No
Do they have any particular dietary or sensory issues with food			Yes / No
Other / Please expand:			

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<b>4. Safety – How safe is your child without supervision:</b>	
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 have a tendency to put everything 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:	

<b>5. Medical / Health / Therapy:</b>	
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	

<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
Does your child require any mobility aids / equipment 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
Other / Please expand:	

<b>7. Behavioural Issues / Stress / Anxiety:</b>	
Does your child have any behavioural issues of concern	Yes / No
Can your child identify their needs	Yes / No
Are there any specific triggers that affect your child's behaviour	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	Yes / No
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	

Please add any additional idiosyncrasies about your child your lawyer needs to be aware of eg; fears / extended social networks, exposure to drug or alcohol issues etc