Part 3 Activity 16 - Awareness of danger or unsafe behaviour

This is about your ability to recognise dangers and live safely with acceptable behaviour.

Do you need help with awareness of danger or unsafe behaviour?

No ☐  Go to page 23.

Yes ☐  Tick one of the boxes below, which is closest to your needs.

1. You are totally unaware of common dangers or your behaviour is constantly antisocial. ☐

2. You are unaware of some common dangers and you need to be frequently warned about the effects of your actions. ☐

3. You are generally aware of common dangers and your behaviour is acceptable, but only if your surroundings are well ordered and familiar. ☐

4. You are aware of common dangers and your behaviour is acceptable. ☐

Use the box below to add anything about the problems you have with awareness of danger or unsafe behaviour.
If you are completing this questionnaire for a child of 12 years or under, please also complete the following 2 activities. Otherwise, please go to Page 26 and complete the section called "your views".
This is about the development of a child and achievement of milestones, such as how a child sees and uses objects, their hearing and speech, movement and social behaviour. Consider adult stimulation that is required to ensure the best possible development, including playing. Do not include attention with activities such as feeding, dressing and bathing.

This is about adult stimulation that is significantly greater than that needed for a child without disabilities.

Is greater adult stimulation needed to ensure childhood development?

No □ Go to page 25.

Yes □ Tick one of the boxes below.

1. Significantly greater adult stimulation is required continuously throughout the child’s waking hours.

2. Significantly greater adult stimulation is required at frequent intervals, but not continuously throughout the day.

3. Significantly greater adult stimulation is required at irregular or infrequent intervals.

4. Adult input is not significantly greater than it would be for a child without disabilities.

Use the box below to add anything about the adult stimulation needed.
Part 3 Activity 18 – Help children need in connection with their treatment
(for children aged 12 or under)

This is about the help adults may have to give to a child in connection with the treatment of their disability. The treatment must be prescribed/recommended by a doctor or other health care professional.

By treatment we mean

- giving medication
- monitoring conditions eg blood sugar
- therapeutic procedures eg physiotherapy
  speech therapy
  "play therapy"

...to treat their condition, help their development, achieve milestones or develop social behaviour.

Does your child need to be given medication or therapy from an adult to ensure childhood development?

No [ ] Go to page 26.

Yes [ ] Tick one of the boxes below.

1. Needs help with medication and/or monitoring and help with therapeutic procedures at least three times a day everyday

2. Needs help with medication and monitoring or help with therapeutic procedures at least three times a day everyday


4. Needs help with therapeutic procedures at least twice a week.

5. Needs help with medication at least twice a day everyday.

Use the box below to give details of the type(s) of prescribed therapy/monitoring that the child needs from an adult.
YOUR VIEWS

We are very interested in your views on this form, and would be grateful if you could answer a few questions.

What we want you to do

Please tick the relevant box for questions 1 to 4

1. The instructions were easy to understand
   Strongly agree [ ] Agree [ ] Disagree [ ] Strongly disagree [ ]

2. The questions were easy to understand
   Strongly agree [ ] Agree [ ] Disagree [ ] Strongly disagree [ ]

3. I found all parts of this form easy to fill in
   Strongly agree [ ] Agree [ ] Disagree [ ] Strongly disagree [ ]

4. I felt I could explain my needs fully on this form
   Strongly agree [ ] Agree [ ] Disagree [ ] Strongly disagree [ ]

5. We are interested in any further comments you might have about this form. We are particularly interested in any parts you found difficult to fill in, or any questions or words which were not clear. Please write your comments in the box below.

   

Did you need help to complete this form? [ ] Yes [ ] No

If yes, who provided the help? ________________________________

THANK YOU FOR YOUR TIME