

<p>Accessibility/Independence Bathroom (e.g. grab bars/shower chair for balance/safety)</p> <p>Public transportation/Community Mobility assessment</p>				
<p>Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Social Work <p>Funding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disability Tax Credit <input type="checkbox"/> Assistive Devices Funding 	<ul style="list-style-type: none"> <input type="checkbox"/> Early Intervention 	<ul style="list-style-type: none"> <input type="checkbox"/> Psychoeducational assessment 	<ul style="list-style-type: none"> <input type="checkbox"/> Psychoeducational assessment 	<p>Transition to adult services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family MD <input type="checkbox"/> Psychoeducational assessment <input type="checkbox"/> Adult Disability Benefits
<p>Development:</p> <p>Gross Motor</p> <p>Fine Motor</p> <p>ADLs/Independence</p> <p>Expressive Language</p> <p>Receptive Language</p> <p>Articulation</p> <p>Social</p> <p>Social Communication</p> <p>Cognitive</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Preschool/Daycare <input type="checkbox"/> Transition to kindergarten 	<ul style="list-style-type: none"> <input type="checkbox"/> Learning disorders <input type="checkbox"/> Attention/Focus 	<ul style="list-style-type: none"> <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Attention/Focus <input type="checkbox"/> Writing Aids <input type="checkbox"/> Bullying <input type="checkbox"/> Secondary school transition 	<ul style="list-style-type: none"> <input type="checkbox"/> Post-secondary school transition
<p>*When assessing causes of sleep disturbances, in addition to the usual behavioural causes consider seizures and pain as potential contributors</p> <p>**If concerns for scoliosis or pelvic obliquity, reinstate hip surveillance</p>				

CHILD/YOUTH	CAREGIVER/FAMILY
<p>PARTICIPATION: Fun/Fitness</p> <ul style="list-style-type: none"> ● What do you do for fun? To relax? ● What have you done to make it easier to participate? ● In the next 6-12 months, what things would you like to participate in? ● How much screen time do you have per day? (TV, computer, tablet, phone) ● Are there things that interfere with your fun and fitness? 	<p>PARTICIPATION: Fun/Fitness</p> <ul style="list-style-type: none"> ● What do you do fun? ● What do you do to relax? ● What are the things you do that make a difference, but don't cost money? ● Are there things that interfere with your fun or relaxation?
<p>SOCIAL WELLNESS: Friends/Family</p> <ul style="list-style-type: none"> ● Who are the most important people in your life other than your parents/family? 	<p>SOCIAL WELLNESS: Friends/Family</p> <ul style="list-style-type: none"> ● Who do you have in your life that helps you? ● Who are the most important people in your life? ● Do you have someone you feel comfortable talking to?
<p>EMOTIONAL WELLNESS:</p> <ul style="list-style-type: none"> ● How are <i>you</i> doing? ● Do you feel listened to? ● Do you have chance to talk about what is hard for you? ● What strategies work when you are finding it difficult to cope? 	
<p>SUPPORTS & BARRIERS:</p> <ul style="list-style-type: none"> ● What are the things that prevent you from doing what you want? ● What have you found most helpful in overcoming some of the challenges you talked about? ● What has worked for you in the past? 	<ul style="list-style-type: none"> ● Respite? ● Funding? ● Transportation? ● Language? ● Culture?