|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **Name of Parent/Family Carer** | |  |  | |
| **2** | **Name of Child** | |  |  | |
| **3** | **Name of Professional completing this form if applicable** | |  |  | |
| **4** | **Date of Assessment** | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| **SN** | **Key determinant statements** | | **Yes** | **No** | |
| **1** | **I am a parent** | |  |  | |
| **2** | **I have a child/Children** | |  |  | |
| **3** | **I have a neuro diverse child** | |  |  | |
| **4** | **My child has a diagnosis** | |  |  | |
| **5** | **My child has autism** | |  |  | |
| **6** | **My child has learning disability** | |  |  | |
| **7** | **My child has cerebral palsy** | |  |  | |
| **8** | **My child has childhood dementia** | |  |  | |
| **9** | **My child has an associated syndrome** | |  |  | |
| **0** | **My child has seizures** | |  |  | |
| **1** | **I am a female** | |  |  | |
| **2** | **My child is a male** | |  |  | |
| **3** | **My child is a female** | |  |  | |
| **4** | **I am a male** | |  |  | |
| **5** | **I am married** | |  |  | |
| **6** | **I am a single parent** | |  |  | |
| **7** | **I am single and co-parent my child** | |  |  | |
| **8** | **I spend a minimum of 2hrs caring for my child daily** | |  |  | |
| **9** | **I am the primary carer of the child** | |  |  | |
| **0** | **I am the father of the child** | |  |  | |
| **1** | **I am the mother of the child** | |  |  | |
| **2** | **My neuro diverse child/ren has sibling/s** | |  |  | |
| **3** | **Patience is a key requirement to care for children** | |  |  | |
| **4** | **Time is important than money** | |  |  | |
| **5** | **My Child/ren care is my sole responsibility** | |  |  | |
| **6** | **Smacking is needed sometimes to discipline a child** | |  |  | |
| **7** | **Parents need some training in child development** | |  |  | |
| **8** | **It’s good to seek for professional help** | |  |  | |
| **9** | **It’s good to use medication to manage behaviour** | |  |  | |
| **0** | **It’s good to take my SEND child outdoors** | |  |  | |
| **1** | **I like to advocate for my SEND child in the public** | |  |  | |
| **2** | **I communicate effectively with my child** | |  |  | |
| **3** | **I understand and support my child effectively** | |  |  | |
| **4** | **I don’t need any extra support for my child** | |  |  | |
| **5** | **I get frustrated when caring for my SEND child** | |  |  | |
| **6** | **I don’t give up when frustrated** | |  |  | |
| **7** | **I depend on medication to enhance my resilience** | |  |  | |
| **8** | **I depend on prayers to enhance my resilience** | |  |  | |
| **9** | **My spirituality helps me to cope with challenges** | |  |  | |
| **0** | **I sometimes cry and seek for help when faced with challenges.** | |  |  | |
| **Therapy Service Needs** | | | | | | |
| **Family carer needs** | | **Yes** | | | **No** | |
| **I need professional support and intervention** | |  | | |  | |
| **I prefer to support my child with limited professional intervention** | |  | | |  | |
| **I will like my child to have a care assessment and intervention advice only** | |  | | |  | |
| **I will like my child to have a care assessment only** | |  | | |  | |
| **I will like my child to have a care assessment, intervention advice with practical support** | |  | | |  | |
| **I would like to have a school care and therapy support for my child** | |  | | |  | |
| **I would like a home care and therapy support for my child** | |  | | |  | |
| **I would like therapy care and support for my child during the holidays.** | |  | | |  | |
| **I would like a fast-track clinical assessment and diagnosis for my child** | |  | | |  | |
| **I would like a speech and language therapy assessment and intervention** | |  | | |  | |
| **I would like a physiotherapy assessment and intervention for my child** | |  | | |  | |

**…/End of Assessment**