Staffordshire County Council

Disability Record Questionnaire

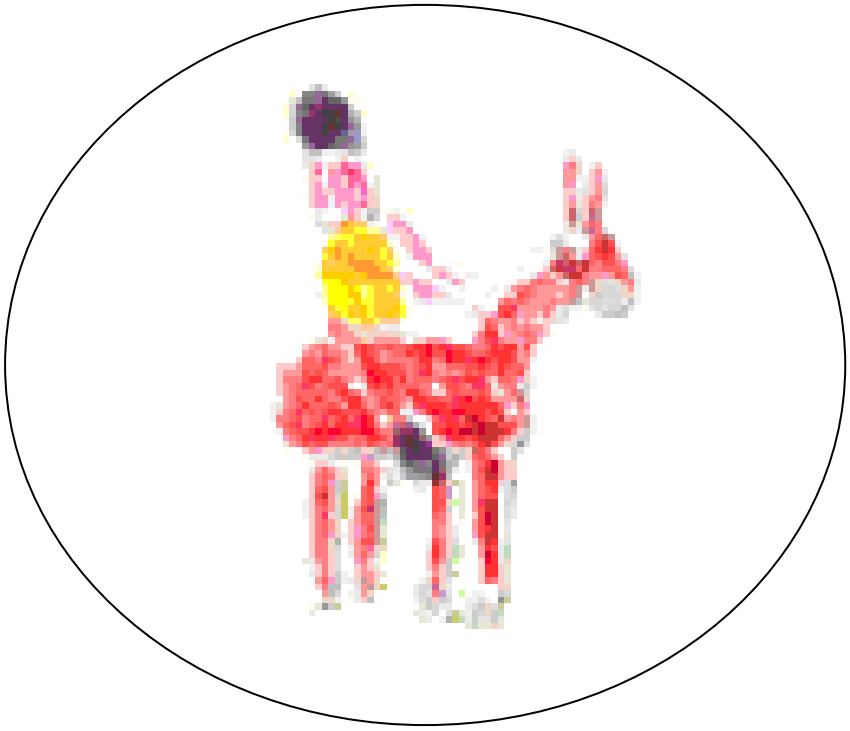
This questionnaire is in two sections:

Section 1: Essential information

This is the minimum information we need to add your child's details to the record.

Section 2: Optional information

Do not feel you have to fill in this section.
However, the information requested is useful for us in planning and developing services.



Section 1: *Essential Information*

1. Family name / surname of child:……..…..……

First name of child:…….

Child's sex (please delete as appropriate): MALE / FEMALE

Child's date of birth:……..…….……

Address:……...

……...

……...

Postcode:…….……

Telephone number:…….……

E-mail address:…….……...

2. Please tick the appropriate box(es) if you feel that your child experiences difficulties in any of the following areas (you may tick more than one box):

Physical difficulties	☐	Learning Difficulties	☐
Hearing Impaired	☐	Visually Impaired	☐
Epilepsy	☐	Autistic Spectric Disorder	☐
Behavioural / Emotional Difficulty	☐	Communication Difficulties	☐
*Complex Nursing / Health Needs	☐	Syndrome without a name	☐

*By Complex Nursing / Health Needs we are referring to those children whose needs require care to be carried out by nurses or parents / carers who have had special training e.g. tube feeding or administration of rectal diazepam.

Please give a brief description of your child's condition and associated difficulties.

Does your child's condition have a diagnosis?

YES ☐ **NO** ☐

3. Child's ethnicity

☐	White British	☐	Chinese
☐	White Irish	☐	Any other Asian background
☐	Any other White background	☐	White & Black Caribbean
☐	Caribbean	☐	White & Asian
☐	African	☐	Any other Mixed background
☐	Any other Black background	☐	Any other Ethnic group
☐	Indian	☐	Pakistani

Family's first language:…….

Child's religion:……...

This information has been provided by parents / guardians / carers of the above or by the child themselves. This information is stored securely and is held separate to any other record / register currently held by Children and Family Services.

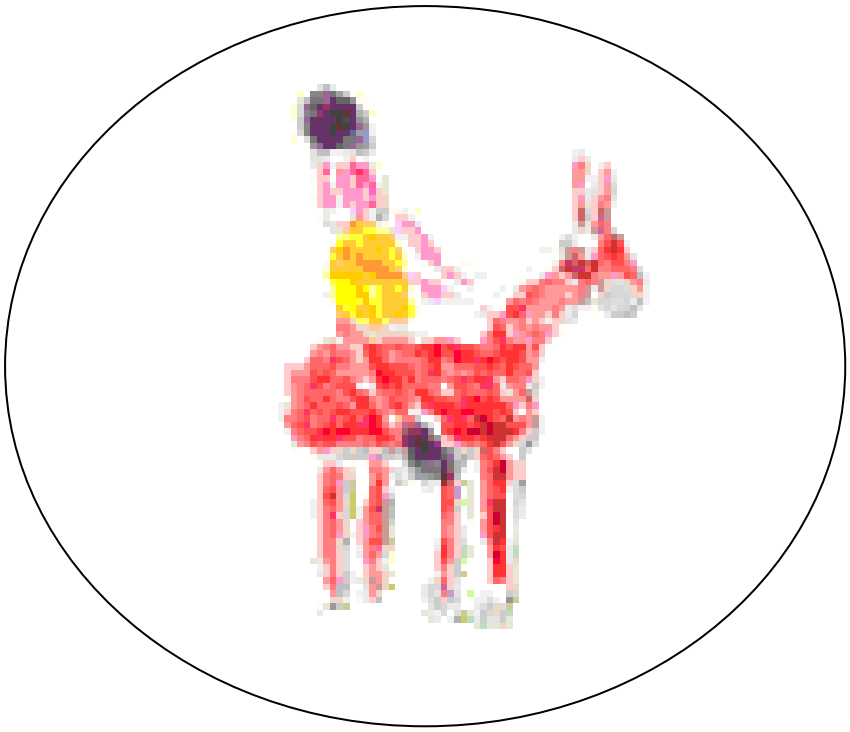
Declaration: I agree that the information about my child may be held by Children and Family Services. I understand that the information being collected is being used to inform future planning and to enable me to receive information on a regular basis regarding future developments for disabled children.

Full name of parent(s) / carers:

……../……

Signature(s):……/……..

Date:……



Section 2: *Optional Information*

Remember this is the optional section

4. **<u>Leisure</u>: Do you think your child has enough opportunities to participate in leisure activities?**

   YES ☐ **NO** ☐

   Does your child use any of the following:

	YES	NO
Leisure centres	☐	☐
Special Adventure Playgrounds	☐	☐
Youth organisations	☐	☐
Dance Activities	☐	☐
Music Activities	☐	☐
Playgroups	☐	☐
After School Clubs	☐	☐
Toy library	☐	☐
Holiday schemes	☐	☐

   Other please specify:……

   If No, are there any specifc reasons for this which you would like to bring to our attention?

   Please feel free to comment about any areas of need that you feel are currently unmet.

5. Short-term breaks (respite care)

Does your child currently receive short-term breaks?

YES ☐ **NO** ☐

Please feel free to comment about your experiences of using or accessing short-term breaks.

Comments

Use this box to tell us about any services you receive that you find useful and any other general comments you may wish to make.

6. Does your child need help with mobility when:

Walking / moving around?	**YES**	**NO**
Indoors	☐	☐
Outdoors	☐	☐
Getting upstairs	☐	☐
Getting downstairs	☐	☐
Getting into bed	☐	☐
Getting out of bed	☐	☐
Using mobility appliances e.g. wheelchair, crutches, sticks etc.	☐	☐

Is your child's mobility affected by:	**YES**	**NO**
Impairment / disability	☐	☐
Accessing appropriate transport	☐	☐
Accessing buildings	☐	☐
Behaviour	☐	☐

This box is optional, however if you wish to tell us more about your child's mobility difficulties, please feel free to comment.

7. How does your child communicate?

With speech ☐

Signing ☐

Picture communication system ☐

Using communication aids ☐

Non-verbally with gestures / eye contact / pointing ☐

This box is optional, however if you wish to tell us more about your child's communication difficulties, please feel free to comment.

8. Does your child have difficulties with the following?

		YES	NO
a)	Washing	☐	☐
	Bathing	☐	☐
	Showering	☐	☐
b)	Using the toilet due to:	**YES**	**NO**
	Moving and handling	☐	☐
	Fear of using toilet	☐	☐
	Obsessional difficulties / behaviour	☐	☐

c)	Continence Requiring:	**YES**	**NO**
	Use of Pads	☐	☐
	Catheterisation	☐	☐
	Enemas	☐	☐
	Manual bowel evacuation	☐	☐
	Suppositories	☐	☐
d)	Feeding due to:	**YES**	**NO**
	Swallowing problems	☐	☐
	Cutting Food	☐	☐
	Difficulties feeding self	☐	☐
	Obsessions about food	☐	☐
	Digestion	☐	☐
	Diet	☐	☐
	Artificial feeding required e.g. PEG Gastrostomy	☐	☐
	Behavioural difficulties	☐	☐

This box is optional, please feel free to tell us anything else we need to know about any of the above.

9. What level of supervision does your child require during the day?

Total Supervision ☐

Partial Supervision ☐

None Required ☐

What level of attention does your child require at night?

No attention ☐

Occasional attention ☐

Frequent or prolonged attention ☐

This box is optional, but feel free to make any further comments about the above.

10. Housing: Do you consider your current accommodation to be suitable to meet your child's needs?

	YES	**NO**
Now	☐	☐
In the future	☐	☐

If you answered NO to either, please use the box provided to comment.

Staffordshire County Council

Please return your completed questionnaire to:

Childrens' Disability Service
Staffordshire County Council
1 Staffordshire Place
Stafford
ST16 2DH

E-mail: ngaire.plowman@staffordshire.gov.uk

Telephone: 01785 278552

The information given on this form will be recorded and is subject to the provisions of the Data Protection Act 1998.