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| **Questions** | **Responses** | **Notes** |
| **Waking**   * What time do I normally get up? * Can I tell whether it is time to wake up? (visual limitations) * Does someone help me get up or do I get up myself? * Do I need help to get out of or transfer from my bed using equipment i.e. hoisting? * Who else is in the home when I get up? * Are my mornings the same or is it different every day? Do I follow a routine in the morning? Describe the routine. * If I need medicine, does someone help me take it? * Do I have appropriate and working equipment to support me to get up safely? * Do my parents/carers have any special educational needs or health difficulties, and how does this impact on my care? * Who is awake in the house with me to assist me if I need it? |  |  |
| **Personal Care**   * Do I use a special shower or bath? * Do I have to be supported to move with special equipment i.e. hoisting? * Can I independently wash myself and clean my teeth? * Does someone come to my house to help me wash and dress? Who? * Do I have to take regular medication or use daily creams? * Do I have to have pureed food or my food through a tube or peg? * Do I have a special toothbrush and does someone help me to wash and brush my teeth?   Do I feel pain with certain tasks like brushing hair, teeth cleaning or showering?   * Do I have sensory difficulties which impact on my personal care? |  |  |
| **Questions** | **Responses** | **Notes** |
| **Personal Care continued**   * How often do I shower/bath? |  |  |
| **Dressing**   * Do I wear special clothes – i.e. all in one, to prevent taking it off overnight and removing my nappy? * Do I have the right clothes, school uniform? * Do I dislike certain textures of clothes, zips, or buttons? * Are manual handling/ hoisting procedures followed to position me when I am changed or transferred to equipment such as my wheelchair? * Do I have water/a toothbrush and does someone help me to wash and brush my teeth or complete oral care routines if I am tube fed? * Do I need appropriate assistance as a result of my additional needs with my personal hygiene over and above age-related expectations? * Is my pad changed if I am incontinent and is my skin is this area clean and in good condition? * Do I think I look ok in my clothes? Do I have a positive body image? Do I think I look fat/thin in my clothes? Do I get bullied or picked on because of how I look or what I wear? * Are my clothes clean, the right size for me, right for the weather? * Do my shoes fit? Are they right for the weather? * Does someone help me get dressed or do I do it myself? |  |  |
| **Breakfast**   * Is there food available in the cupboard for breakfast? * Do I eat breakfast in the morning? What do I like to have? Is it the same every day or different? * Is there someone to help me make breakfast or do I do it myself? |  |  |
| **Questions** | **Responses** | **Notes** |
| **Breakfast continued**   * If I have an alternative feeding protocol (i.e. tube fed) is a protocol appropriately adhered to? Has this been confirmed with relevant professionals? * Are professionals happy or concerned about my weight? * Do I have a Choking protocol? Is it being adhered to? * Do I need to make breakfast for other people? * Do I eat my breakfast with others or by myself? * Do I eat my breakfast at the table or in front of the TV? |  |  |
| **Travel**   * Do my parents take me to school? * Do I travel by taxi or minibus to school? Do I have an escort? * Do I have any behavioural or other difficulties which make travel difficult? * Am I met when I get to school by the teachers? * Do I understand safety on the road and in cars? |  |  |
| **In School / College**   * Do I like school/college? * What is my attendance record? * Do my parent(s) attend school meetings? * What is my favourite bit? * Which bit do I not like so much? * Do I have an Education, Health and Care Plan (EHCP)? * Am I educated at school or at home?   If I am at home, how is my progress monitored? Do I have access to the resources I need at home? Do my carers communicate openly with education welfare?   * Is my home link book completed and given to my teachers when I get to school? * Do I complete homework and reading at home? Who supports me with this? |  |  |
| **Questions** | **Responses** | **Notes** |
| **In School / College continued**   * Do my carers tell school about any difficulties I have had that morning? * What do I do at breaks? Do I have a snack? * Do I have appropriate food at school i.e. orally or PEG fed? * Do I have the right things for school – medication, reading books, home schoolbooks, uniform, PE clothes, coat, hats, gloves, nappies, spare clothing? * Do I have a favourite teacher or someone I like to talk to? * Do I see anyone for help at school – school nurse, Educational Psychologist, Speech and Language Therapist, Physiotherapist and Occupational Therapist. * Do I go on school trips? * Do I have regular health appointments when I am at school? * Do I need special equipment at school? * Do I have a behaviour plan at school? If I misbehave what happens? * Are there restrictions in place at school due to any behaviours I have? * Do I have any triggers for my behaviour, if so, what are they? |  |  |
| **After School / College**   * Do my parents collect me, or do I travel by minibus or taxi with an escort? * Does school pass on any issues for me during the day? * Do I go home at the end of the school day or do I go to afterschool clubs? * Do I watch TV and if so, is what I watch okay for my age? * Do I have homework to do and does anyone help me with it? * Do I have any food? * Does anyone help with my food? * Do I like to play with toys? * If I misbehave what happens? |  |  |
| **Questions** | **Responses** | **Notes** |
| **After School / College continued**   * Do I have any triggers for my behaviour, if so, what are they? * Does someone have to hand me toys to play with as I am not able to access them myself due to mobility or visual impairment? * Do I only like certain TV programmes or videos? * Am I encouraged to participate in other activities/try new TV programmes? * Am I included in normal family life? * Do I find some toys/play activities too noisy or too busy? * Does someone need to supervise me as I find it difficult to play with others, to share, or to be close to other people? * Do I spend time in my bedroom alone? |  |  |
| **Evenings**   * Do I have a dinner in the evening and what time is this? * Does someone have to prepare and help me eat my dinner i.e. orally or PEG fed? * What do I eat? * Where do I eat? * Do I have a favourite food? * Do I eat with others? * Do my carers understand if I am hungry or not? Do they provide food for me? * Do I watch TV and what do I watch?   Do I use the internet? What device do I use – laptop/tablet/phone? Does anyone check what I am doing on the internet/are there any parent controls? What sites do I visit online and what do I do?   * Do I go out in the evening and if so, who do I go out with? Do I have carers to take me out? Do they have the appropriate equipment and training to look after me? |  |  |
| **Questions** | **Responses** | **Notes** |
| **Evenings continued**   * What do I do with my family in the evenings? Am I included in family time? * Do I need medication before I go to bed? Who gives this to me? |  |  |
| **My Health and Development**   * Who helps me keep healthy? * What happens when you are feeling unwell? Who helps you? * Does someone stay with you when you are ill can cannot go to school/college? * Do the people who care for you take you to appointments when you need to go? dentist, doctor? |  |  |
| **Bedtime**   * Do I go to bed at the same time every night? * Who decides when it is bedtime? * Does someone help me with my personal care? * Where do I sleep? Do I have a special bed? How do I get into my bed? * Do I like where I sleep? * Who else is in the house at night-time? Do I have additional carers overnight? * Do I have my own room? * Do I have what I need in my room (clean bed, curtains, warm floors, specialist equipment)? * Do I have to wake in the night, or be woken to be changed or turned? | **Responses** | **Notes** |
| **Questions** | **Responses** | **Notes** |
| **School holidays**   * What do I do in the school holidays?   **School holidays continued**   * Do my family spend time with me? * Do I have anyone to provide extra care for me? Do I spend time with carers and not my family? * Do I go on days out with my family or carers? * Am I provided with the food I need i.e. orally or PEG fed? * Am I encouraged to experience new activities? * Do I have access to a special car to get my equipment in? * Do I have the appropriate equipment to enable me to go out in the community? * Do I have access to toys or stimulation at home? |  |  |
| **Sleep**   * Do I need a sleep system to keep me positioned correctly when I am in bed? * Do I need to be repositioned at night? * Do I need to use a hoist to get from chair, bed, or toilet? * Do I need my nappy changing at night? * Do I have a bedtime routine? Do I go to bed on my own or does someone put me to bed? Who? * Do I sleep well at night or do I tend to wake? * How often do I wake? * What happens when I wake up? * Does my carer respond or am I left to cry/self-soothe? * Do I have feeds during the night? * Do I often need a pad changed during the night? |  |  |

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