

**Some ideas of phrases that may help you to complete a
DLA Renewal form.**

**Not all phrases will apply to you/your child, and there may be things that we
haven't included below.**

Also please be aware that your form may have differently numbered questions.

<p>31) Has there been a change in your child's health condition or disability since your last claim?</p>	<ul style="list-style-type: none"> • It is important to put some detail in here about what may have changed since you last claimed. Examples include: • A new diagnosis. • They are waiting to be assessed for a suspected new condition. • New medication or an increase in the dosage of a previous medication. • A change in the support in place at school – for example they now have a One Plan or an EHCP or have moved to a special school. • They have been referred to a new professional such as CAMHS, Physiotherapy, Occupational Therapy. • Their care needs during the day and/or night have increased or have changed.
<p>33) What help does the child need?</p>	<ul style="list-style-type: none"> • Include some detail here about what support your child needs, how often they need the support and whether the support they need is the same most of the time or varies? Things to think about include: • Does your child need physical help throughout the day and/or night with their day-to-day care needs? • Does your child need regular prompting and/or reminding throughout the day to complete daily tasks such as washing and dressing? • Does your child need supervision throughout the day and/or night to keep them safe?
<p>34) Does the child need help with walking?</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Is uncoordinated, very unsteady on his/her feet and falls over a lot. • When he/she falls he/she cannot steady him/herself nor put out his/her arms/hands to save him/herself. • Walks on their tip toes most of the time making them more prone to falls. • Seems to trip easily over their own feet or seemingly nothing. • Has low muscle tone and gets tired very quickly. • Complains of pain during/after walking longer distances. • Needs to regularly sit down/rest during walks. • Refuses to walk even if they can physically walk.

	<ul style="list-style-type: none"> • Is a slow walker as he/she is extremely distracted by everything around him/her. He/she doesn't walk far before indicating that he/she wants to be picked up and carried. • Exhibits stimming behaviours (eg spinning, gallops sideways etc) which can make him/her unsteady on their feet. • Inactivity has resulted in low muscle tone, and consequently muscle fatigue and muscle discomfort. • Uses a wheelchair outdoors and can only walk a few steps indoors. • He/she requires adult support to assist moving around indoors, either in a supportive walker or by holding his/her hand. • He/she requires 1:1 support to transition into a supportive walker. • He/she wears specialist boots. • He/she has splints on their legs. • He/she must wear high-top shoes or trainers for extra support when walking. • At home he/she moves around the room by holding on to furniture. • He/she requires adult support to carry items when walking (eg, his/her lunch tray). • He/she needs help to negotiate uneven, or rough surfaces and steps/kerbs. • An adult will need to help him/her with motor planning as he/she is not always able to adapt his/her body position to maintain balance when doing activities. • Physical exertion can exacerbate his/her asthma. • He/she has severe asthma which he/she struggles with during any physical activity. It is worse in winter, and hay fever can exacerbate his/her symptoms when outdoors. • He/she suffers from breathlessness and sometimes she has to be nebulised. • Dizziness is a side effect of his/her medication which causes him/her balance issues. • Triggers for seizures must be avoided and over-exertion can be a trigger. • If/how a sight/hearing impairment impacts mobility.
<p>35) Do they need guidance of supervision when they walk outdoors?</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Has no/poor sense of danger and risks and behaves without thinking of their own and other's safety. • He/she needs two people to take him/her out in the community for safety reasons. • Cannot go out alone due to his/her risk of having a seizure. • A seizure affects his/her memory so he/she may forget where he is/what he's doing etc, and he/she will be exhausted and disorientated. After a seizure he/she will need reassurance and support to recover. • Behaviour is very challenging, impulsive, and unpredictable and he/she is a danger to himself and others. • He/she does not have the ability to make sound judgements, nor the ability to discern the true nature of a situation.

- He/she is unable to reason and deliberate, and to evaluate information before making a decision.
- The way he/she behaves outdoors and reacts to situations is very dependent on his/her mood and level of anxiety.
- Is in their own world and is oblivious to what's going on around them.
- Is easily distracted and would step into a road without thinking or looking.
- Would suddenly run across a road if they saw something of interest on the other side.
- Could only cross a road safely using a pedestrian crossing.
- If lost would not know what to do/ask for help/follow instructions.
- Would not react or respond to safety warnings of 'Stop', for example.
- Is very defiant and rarely responds to commands.
- Must be always held onto to prevent him/her bolting.
- Use of a wrist strap is needed to prevent him/her bolting.
- Must be physically restrained to prevent him/her from running off.
- A buggy is still used for safety reasons.
- Is frightened/gets upset by loud noises (for example) and behaves without thinking about danger.
- Is naive about the world and therefore very vulnerable.
- Is too trusting of people and has no awareness of stranger danger.
- He/she has limited understanding of other's intentions and whether they are positive or negative towards him/her.
- He/she would go up to dogs without thinking if it is safe to do so or not.
- Irrespective of location, will drop to the ground and refuse to walk and get up again if upset or distressed.
- Has poor spatial awareness and doesn't look where he/she is going, often bumping into objects/people.
- May become unsteady and fall.
- Can become very anxious in unfamiliar places.
- Certain places must be avoided (give examples and reasons why).
- Family life/trips out must evolve around *****'s needs.
- We must plan for and monitor the route ahead for potential dangers and difficulties.
- I have to prepare ***** for trips out using visuals.
- If you say something is happening or you're going to do something, it needs to happen, otherwise he/she will react with anger.
- Needs a great deal of encouragement to continue a journey/help returning home if he/she becomes distressed.
- If/how a sight/hearing impairment impacts on the level of supervision required.
- The guidance and supervision required by ***** is substantially in excess of the guidance and supervision needed by a child of the

same age without additional needs (good idea to end with this statement).

38) Does the child need help with their care needs during the day?

Please note you just need to update the DLA on the help your child needs with their care needs during the day rather than tell them everything again.

If you need more space, use 63) or use separate pieces of paper (ensure all separate papers include child's name and date of birth)

Use the toilet

Here are some examples

- Wears nappies day and night and has no understanding or awareness of his/her toileting needs.
- Will touch the contents of his/her nappy and need to be thoroughly cleaned.
- Will put hands in nappy and smear contents requiring cleaning of him/herself and other items.
- Will urinate or empty potty in inappropriate places (eg, bedroom, behind the sofa etc).
- He/she can be very uncooperative when his/her nappy needs changing and will position him/herself so it is difficult to do so. It can now sometimes be a two-person task.
- Needs prompting throughout the day to use the toilet as tends to hold him/herself until it's urgent.
- He/she has bladder issues and doesn't get a lot of warning before he/she needs the toilet.
- He/she has an extended bowel/impacted bowel. As a result, he/she suffers frequently with liquid overspill.
- He/she does not recognise when his/her bowel is full, and this results in soiling. This causes her extreme anxiety about soiling him/herself when out.
- He/she withholds his/her toileting due to his/her need to be in control, which often results in pain and constipation.
- A referral is going to be made to the Continence Team.
- Despite repeated prompting throughout the day, he/she still has toilet accidents.
- Spare clothes must be taken on every trip out.
- He/she needs some support to get on/off a toilet, and a step is used.
- Refuses to use toilets outside the home.
- Needs reminding to re-dress appropriately after using the toilet.
- Requires prompting to close the toilet door.
- Requires prompting to flush the toilet.
- Requires prompting/support to wash and dry his/her hands after using the toilet.
- Is very defiant and rarely responds to commands.
- Sensory issues cause further challenges with using the toilet (give examples).

	<ul style="list-style-type: none"> • Needs reminding to wipe themselves effectively. • Still needs to be physically wiped (why is this?). • will only use wet wipes rather than toilet paper but must be discouraged from using too many to avoid blocking the toilet. • Is non-compliant and will become angry and agitated when asked to do something he/she doesn't want to do. • Is easily distracted and needs support to stay on task. • Time in the toilet must be supervised (or monitored) to ensure he/she doesn't engage in inappropriate behaviour (eg, blocking toilet with toilet paper/over-flushing etc) and to ensure their safety. • Suffers pain and discomfort relating to constipation/bowel condition requiring comfort and re-assurance. • Suffers from frequent loose bowels (possibly due to anxiety/IBS). • Bowel problems significantly affects his/her skin. He/she is then very reluctant to have cream applied due to the discomfort this causes. • Needs help to manage their periods (eg, frequent reminders to change their pads regularly/to dispose of pads appropriately/manage pain). • If/how a sight/hearing impairment impacts on managing toilet needs.
<p>Move around indoors</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Needs constant reminders to use the stairs safely and appropriately. • Is very defiant and rarely responds to commands. • Baby gates are still used at the top and bottom of stairs. • He/she often misjudges steps, especially the first step of stairs. • Is unable to use stairs un-aided and needs to be holding someone's hand and/or handrails at all times. • Is unable to walk and therefore must be carried up/down the stairs. • Going up and down steps makes them very breathless/dizzy, and this makes them likely to fall. • Requires supervision at all times/needs repeated warnings as climbs dangerously and inappropriately on furniture, work tops, windowsills etc. • Requires supervision at all times/needs repeated warnings as jumps dangerously between furniture items. • Has poor spatial awareness and doesn't look where he/she is going, often bumping into objects, furniture etc. • Requires supervision at all times/needs repeated warnings as has poor/no understanding of the dangers and risks indoors. • Is constantly 'on the go' and clumsy, frequently rushing around and bumping into things, sometimes resulting in injury. • Needs physical help to get in/out of a chair. • Needs the use of an adapted chair (eg, high backed, with arms etc). • Becomes dizzy if they get up out of a chair too quickly, requiring support.

	<ul style="list-style-type: none"> • Finds it very difficult to sit in a chair for any length of time and needs encouragement to do so. • Needs frequent reminders to sit appropriately on a chair. • Their behaviour/these issues would be the same in any indoor environment. • Sensory issues cause further challenges moving around indoors (give examples). • His/her possessions are placed in a particular place at home. If these items are moved, even slightly, this can cause considerable distress. • The home and Nursery environment must be completely secure at all times to prevent him/her from escaping. • A sensor lock has been installed on the front door due to the risk of him/her letting him/herself out. • If/how a sight/hearing impairment impacts on moving around indoors.
<p>Get into or out of bed</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Must be physically woken each day (why is this? ... poor sleep pattern, medication etc). • Is reluctant to get out of bed in the mornings and needs a lot of encouragement to do so (why is this? ... still very tired, anxiety etc). • Is physically unable to get out of bed themselves due to physical difficulties (please explain) and needs to be physically lifted/supported. • Needs to let their medication take effect before getting out of bed. • Would remain in bed all day if they weren't supported and encouraged to get up. • Get extremely anxious about being late for school and needs support and reassurance around this. • Can become cross/agitated when repeatedly asked to get out/get into bed. • Is very defiant and rarely responds to commands. • Has poor concept of time/sense of urgency so needs repeated prompting. • Is also reluctant to go to bed in the evenings and needs repeated prompting to do so. • Repeatedly finds excuses not to go to bed/get out of bed again and needs encouragement to return to bed. • He/she has ritualistic behaviours before going to bed (eg, frequent checking of things etc), which are time consuming. • Is easily distracted from routine and needs support to stay on task. • Finds it very difficult to switch off and needs support to wind down and settle to sleep. • Suffers from anxiety around going to bed and needs comfort and reassurance. • A strict bedtime routine must be followed. Any deviation from this routine can result in a meltdown from which he/she will need to be calmed.

	<ul style="list-style-type: none"> • Still requires a nap during the day. The length of this nap must be monitored/restricted to ensure it doesn't affect their bedtime routine too much. • If/how a sight/hearing impairment impacts on getting in/out of bed.
<p>Wash, bath, shower and check their appearance</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Needs physical help to undertake all his/her self-care and personal hygiene needs. • Not able to reach all parts of their body to wash/dry etc. • He/she is uncoordinated and not able to move certain parts of his/her body to effectively wash him/herself. • He/she can be very stiff and doesn't know how to move his/her body accordingly to assist. • Gets very tired bathing or has pain when getting in/out of the bath. • Due to his/her absences/seizures, he/she cannot be left in the bath alone. • Needs repeated prompts to undertake all his/her self-care and personal hygiene needs. • Is very defiant and rarely responds to commands. • Without these repeated prompts, he/she is very unlikely to undertake his/her self-care and personal hygiene needs. • Is unaware when they are dirty and need a wash and would stay dirty if left to their own devices. • Is non-compliant and will become angry and agitated when asked to do something he/she doesn't want to do. • A bath still must be run for him/her, and the bath/shower water temperature checked because they won't think to do themselves. • Can sometimes refuse outright to bath, wash hair etc. • He/she often tries to pull the plug to let the water out to avoid bathing. • Is easily distracted and needs support to stay on task. • Time in the bathroom must be supervised (or monitored) to ensure he/she doesn't engage in inappropriate behaviour (eg, flooding the bathroom, pouring out products etc) and to ensure their safety. • Is at risk as will climb on the bath (for example). • Is at high risk of slipping in the bath/shower (please explain why). • Has no understanding or awareness of the dangers in the bathroom (eg hot taps etc). • Sensory issues cause further challenges with undertaking his/her self-care and personal hygiene needs (give examples). • Is very reluctant to get in/out the bath/shower and needs a lot of encouragement to do so. • Needs physical help to get in and out the bath/shower. • Shower seat/handrails are needed. • Needs step-by-step instructions to complete self-care and personal hygiene tasks. These instructions must be given one at a time. • Unless prompted to use products in the bath/shower, he/she is unlikely to.

	<ul style="list-style-type: none"> • Cleaning his/her teeth is particularly challenging and he/she will clamp his/her mouth shut. • Despite efforts to get him/her to clean his/her teeth, they have had to have teeth removed because of poor dental hygiene. • Has no regard for their appearance, so must be told. • He/she cannot tolerate having his/her hair brushed/cut etc. • He/she cannot tolerate having his/her nails cut. • A strict bathtime routine must be followed. Any deviation from this routine can result in a meltdown from which he/she will need to be calmed. • Needs extra care due to allergies/skin conditions etc. Skin care products must be used. • His/her time in the bathroom must be monitored due to risk of self-harm, and sharp implements (eg, razors etc) must be kept out of reach. • If/how a sight/hearing impairment impacts on washing, showering, checking appearance etc.
<p>Dress and undress during the day</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Needs full support to dress/undress due to physical difficulties. • Not able to move certain parts of their body to effectively dress themselves (please explain). • He/she is uncoordinated and not able to move certain parts of his/her body to effectively dress/undress him/herself. • He/she can be very stiff and doesn't know how to move his/her body accordingly to assist with dressing/undressing. • Needs repeated prompts to get dressed as is reluctant to do so. • Needs step-by-step instructions to get dressed and these must be given one at a time. • Is very defiant and rarely responds to commands. • Is easily distracted and needs support to stay on task. • Sensory issues around clothes cause further challenges when dressing/undressing (please give examples). • He/she struggles with the transition of clothes (eg, from winter to summer and vice versa). • Is non-compliant/will become angry and agitated when asked to do something he/she doesn't want to do. • Has poor concept of time/sense of urgency so needs repeated prompting. • Makes mistakes when getting dressed (eg clothes on back to front) and needs support to correct these mistakes/is reluctant to correct these mistakes. • Prefers to be naked/in underwear at home/has no inhibitions, so needs reminding to be clothed appropriately/at appropriate times. • Will strip off with no inhibitions in any environment. • Unable to choose appropriate clothes for themselves so needs support to do so. • Has no awareness of seasonal clothes (ie, knowing what to wear in different weathers). • Is unable to choose clothes for appropriate occasion.

	<ul style="list-style-type: none"> • Is reluctant to wear coat (for example) and needs repeated reminders to do so. • Cannot regulate temperature so needs to be told when to put on/take off clothes. • Needs support with zips, buttons etc due to fine motor difficulties. • Due to fine motor difficulties, getting dressed/un-dressed can take considerable time. • Finds trying on and buying new shoes extremely stressful and time consuming as he/she doesn't like the feel of new shoes. • Struggles to put socks on themselves. • Is unable to tie shoelaces. • Is unable to tie school tie. • A strict routine must be followed. Any deviation from this routine can result in a meltdown from which he/she will need to be calmed • If/how a sight/hearing impairment impacts on getting dressed/undressed.
<p>Eat and drink during the day</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • He/she has been diagnosed with an eating disorder. • Is a fussy eater and is unwilling to try new foods. • He/she will sometimes suddenly refuse to eat something he/she has previously been OK eating. • He/she goes through phases of only eating one certain food at one time. • He/she refuses to eat off someone else's plate and won't eat from a shared plate (eg, at a buffet). • Has a fear of food contamination so will only eat food prepared at home. • Is extremely anxious around food due to severe food allergies, especially about eating out, and he/she needs a lot of support and reassurance around this. • Has a poor appetite so must be encouraged to eat (might be because medication suppresses their appetite). • Needs support to make good food choices for themselves. • We must ensure he/she only drinks water as sugar can have a negative effect on behaviours. • Tends to overeat/under-eat so his/her food intake has to be monitored/restricted etc. • Is underweight/has anorexia and therefore their calorie intake must be increased (eg, preparation of high calorie shakes etc). • Weight must be regularly monitored by health professional. • He/she will not begin to eat his/her meal until he/she has found something to watch on the TV/ipad whilst he/she is eating. His/her food can go cold in the meantime. • He/she doesn't check the temperature of hot food before eating it. • Due to health condition/physical difficulties (please state), his/her food and drink intake must be monitored/restricted/supervised etc. • Nausea is a side effect of his/her medication, so this affects his/her eating habits/pattern.

	<ul style="list-style-type: none"> • Must be repeatedly told to slow down whilst eating. • Has difficulty swallowing (eg, dysphagia) and therefore supervision is required due to choking risk. • Refuses to eat in front of others. • Has a fear of vomiting (eg, emetophobia) which effects eating. • Has Pica (an abnormal desire to eat non-food items). • Is very defiant and rarely responds to commands. • Has problems keeping food down and may be sick after eating. • Takes a long time to eat and must be supported to stay on task. • Is unable to eat large meals in one sitting, so food must be given little and often. • Tends to put too much food in his/her mouth at one time, so needs reminding to chew and supervision due to choking risk. • Needs constant reminders throughout the day to drink enough fluids. • Must be physically fed due to physical difficulties (please state what these are). • Must have his/her spoon loaded for them and guided to their mouth. • Is unable to use a knife and fork effectively together. • Must have their food cut up for them. • Is still unable to drink from an open cup effectively. • Can/will only drink using sports bottle/beaker/straw. • Cups are only half filled due to high chance of drink being spilled. • Sensory issues around eating/drinking cause further challenges (give examples). • Can play/be inappropriate with food so needs supervision to prevent inappropriate behaviour. • Will refuse food if it's not presented to them in the way they want. • Finds it very difficult to sit in a chair to eat for any length of time and needs encouragement to do so. • Needs frequent reminders to sit appropriately on a chair whilst eating. • Needs support to avoid foods related to allergies etc. • Is tube/PEG fed (please explain care needs relating to this). • If/how a sight/hearing impairment impacts on eating and drinking.
<p>Take medicine or have therapy during the day</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Must have their medicines administered for them. • Medications must be prepared and administered for them. • Has no understanding or awareness of why they need to take their medication. • Has no understanding or awareness of when and how much to take of their medication. • Would not remember to take medication themselves. • Will become angry and agitated when asked to take their medication, sometimes spitting it out. • Is very defiant and rarely responds to commands. • It is impossible to get him/her to take ANY medications.

	<ul style="list-style-type: none"> • He/she must be prompted/reminded to take his/her asthma pump out when required. • He/she must be prompted/reminded to take his/her EpiPen out when required. • He/she must have cream applied to his/her skin. • He/she needs support/reminding/encouraging to do their physio exercises at home. • Needs 1:1 adult support to engage with all therapies and interventions. • They are reluctant to do their therapies as it singles them out from their friends, so they often avoid doing them. • Must make therapies fun for them to ensure they are calm, willing to engage and to prevent them from becoming distressed. • Has anxieties around taking their medication due to concerns about side effects, requiring explanations and reassurance. • Needs help to monitor their condition as they are unable to do so for themselves. • Due to risk of self-harm, medications must be kept out of reach. • If/how a sight/hearing impairment impacts on taking medication/receiving therapies.
<p>39) Do they have difficulty expressing themselves and need help communicating?</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Is non-verbal and is not able to say any meaningful words yet. Instead he/she babbles and makes noises. • Is non-verbal/virtually non-verbal and unable to verbalise his/her wants, needs and feelings, however, does use some non-verbal gestures and noises (eg, leads adult by the hand, reaches for objects, points etc). • Has started to recognise some objects of reference (eg, that shoes indicate going out). • His/her lack of speech and inability to communicate effectively is causing him/her a huge amount of frustration and distress, often resulting in challenging/negative behaviours. • He/she has damaged vocal cords after being intubated for so long. • He/she chooses not to speak/has selective mutism. • Mainly uses single words or 2-3 word learnt phrases, but these are not always clear, and it is sometimes difficult to understand him/her. • Is less likely to communicate using speech with unfamiliar people. • They get embarrassed about the way they speak and will only speak to people they know. • Anxiety prevents them from speaking at times and they may withdraw from conversation. • Uses a lot of echolalia (ie, mimics a lot of what he/she hears). • Struggles to formulate answers to questions due to processing difficulties. • Struggles to find the right words and muddles words. • Will often miss off the final sound in a word. • Struggles with some prepositions.

	<ul style="list-style-type: none"> • Speaks too quickly, especially when excited, and needs repeated reminders to slow down so that he/she can be understood. • Has a stammer, lisp, or other speech difficulty. • Speech is difficult to understand, and they have to be asked to repeat themselves. This can make them frustrated and angry and may result in them refusing to speak at all. • Can be quite selective and limited to who he/she will speak to. • He/she tends to speak too loudly and needs to be repeatedly asked to speak more quietly. • He/she tends to speak too quietly and needs to be repeatedly asked to speak more loudly. • Will whisper/mouth words rather than speak audibly and clearly. • Must be discouraged from using bad language/swearing. • Does not consistently respond to his/her name and eye contact is fleeting and on his/her terms. • Understanding of spoken language is poor and he/she does not respond to simple directions/instructions. Language may have to be simplified. • Can still not answer simple questions such as 'What is your name?' etc. • Doesn't understand what his/her response should be and will reply with learnt responses or what he/she thinks the answer should be. • He/she usually answers with brief 'yes' or 'no' answers and doesn't elaborate. • Will often walk away or withdraw if someone tries to communicate with them. • Finds it very difficult to express him/herself. • His/her attention must be gained first by name and at his/her level before attempting to communicate with him/her. • Is too literal and therefore can get very confused at what's being said to him/her. • In conversation he/she doesn't always respond appropriately and will make random, irrelevant comments with no basis. • Struggle with the 'rules' of two-way conversation (eg, doesn't listen to what the other person has to say, only wants to talk about things of interest to them, constantly interrupts etc). • Has difficulties understanding facial expressions or body language. • Has no filter and says very inappropriate things. • If/how a sight/hearing impairment impacts communication.
<p>40) Do they have fits, blackouts, seizures, or something similar?</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • May be incontinent during a fit and need help to clean themselves. • May fall to the floor and lose consciousness. • They need re-assurance and comforting when they come round as they are often tired, distressed, confused, and disorientated. This can last a considerable time. • Regularly sustain injuries because of a seizure, black out etc. • Often needs emergency hospital treatment.

	<ul style="list-style-type: none"> • He/she needs supervision and support with all his/her day-time routines/functions due to his/her day-time absences. • During a day-time absence, he/she will stare into space with his/her eyes flickering and he/she will clasp his/her fingers. • After an absence, he/she will be disorientated, tired and have headaches. • He/she will require adult support to 'bring him/her round' and to give him/her comfort and reassurance. • He/she will also need reminding and support to continue with what he/she was doing prior to the absence. • He/she needs a lot of repetition and instructions given to him/her one at a time. • Absences, and the side effects of epilepsy medication, have caused a regression in his/her cognitive functions and speech and language. It has also affected his/her memory and increased his/her challenging behaviours. • Dizziness is also a side effect of his/her medication which causes him/her balance issues.
<p>41) Do they need to be supervised during the day to keep safe?</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Has no/poor sense of danger and risks and behaves without thinking of their own and other's safety. • Behaviour is very impulsive and unpredictable and he/she is a danger to himself and others. • Is very defiant and rarely responds to commands. • Always needs supervision due to risk of having a seizure. • A seizure affects his/her memory so he may forget where he is/what he's doing etc, and he/she will be exhausted and disorientated. After a seizure he/she will need reassurance and support to recover. • Is in their own world and is oblivious to what's going on around them. • Is easily distracted and has difficulty concentrating on what they are doing. • Despite warnings, he/she will still have to satisfy themselves by investigating potential dangers (eg, when told the hob is hot, he/she will still touch the hob to find out for him/herself). • Finds change and transitions extremely difficult. He/she relies on warnings, preparation, careful planning, and visual supports to cope with change and new situations. • Frequently exhibits self-harm (ie, head-hitting and head-butting), and extremely challenging behaviours (ie, screams, lashes out at others, throws items etc). It is very difficult to calm him/her down after an episode of challenging behaviour/an outburst. • Episodes of challenging behaviour are daily (for example) and can last up to mins/hours. • His/her aggressive/behaviour responses are often disproportionate to the triggers. • <i>What are the triggers for challenging behaviours, if known?</i>

	<ul style="list-style-type: none"> • Cannot be left alone with younger siblings due to aggressive behaviours. • Cannot be left alone with pets due to aggressive behaviours. • Can become very anxious in new/unfamiliar environments/situations etc requiring comforting and reassurance. • Gets agitated if they don't like the way someone is looking at them and may use inappropriate language or verbalise threats without carrying them out. This can be intimidating to others. • Climbs onto inappropriate things (eg, bins, fences, cars, onto windowsills to reach open windows etc) and therefore requires close supervision at all times. • If/how a sight/hearing impairment impacts on level of supervision required.
<p>42) Do they need extra help with their development?</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Does not show an interest in his peers. He/she will play alongside other children, but not with them and he/she prefers to play on his/her own. • Does not know how to initiate play and struggles with social interaction. • Struggles to make and sustain friendships. • Understanding of social boundaries and cues are poor, resulting in him/her not knowing when to stop during play which can be too overbearing for his/her peers. • Prefers to follow his/her own agenda and can become distressed if he/she is unable to do so. • Wants things on his/her terms and can be very controlling/possessive. • Gets into regular conflicts with his/her peers due to social difficulties and finds it difficult to resolve these conflicts. • He/she will purposely intimidate/antagonise or hurt siblings/peers/animals to see their reactions. • He/she is very sensitive. His/her peers seem to know what buttons to press, and he/she is not resilient to this. • Friendship issues impacts on their confidence and self-esteem. He/she can talk very negatively about him/herself at times. • Can hold a grudge for a very long time. • Sees everything as either black or white and it's very important to him/her that rules are followed to the letter. • Has a very strong sense of justice. He/she has a powerful sense of fairness and right and wrong. • However, this can also hinder his/her participation in games and team sports, where perhaps the rules do not make sense to them. • He/she has limited understanding of other's intentions and whether they are positive or negative towards him/her. • She can observe and mimic others to create a surface sociability. • Doesn't understand the consequences of his/her actions nor learns from his/her mistakes. • Finds it extremely difficult to wait, turn-take and share.

	<ul style="list-style-type: none"> • Lacks empathy to others and struggles to understand emotions in himself and others. • He/she struggles with the identification and labelling of emotions in him/herself but he/she can be highly sensitive to another person's mood. • Relies on routine and structure and can become distressed and confused when there are disruptions to his routine. • Is immature for his/her age and is naïve about the world and therefore very vulnerable. • They struggle with multi-step instructions, so these must be broken down. • Language must be simplified in order for them to understand what is being said to him/her. • If/how a sight/hearing impairment impacts on development.
<p>43) Do they need encouragement, prompting, or assistance at school or nursery?</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Is not currently engaging in learning and is unable to follow adult-led activities without a high level of support. • Is developmentally delayed and needs a high level of adult support with all aspects of learning and has a differentiated curriculum. • He/she is not cognitively functioning at the same level of other children his/her age. • All his/her learning and activities must be differentiated to take account of his/her complex needs. • Has a very short attention span and is easily distracted requiring adult support to stay focussed and on task. • Accesses a special unit (eg 2 days a week). • Needs to be given additional processing time to enable them to understand what's expected of them. • Needs additional/repeated explanations simplified in a way he/she can understand. • He/she is currently unable to attend school due to extremely high anxiety and has tutors at home. • He/she relies on adult support to facilitate his/her engagement with tasks. • If/how a sight/hearing impairment impacts on the support he/she needs in school.
<p>44) What is their behaviour like at school or nursery?</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Finds it extremely difficult to regulate his/her emotions which can present as significant behavioural difficulties, including being verbally aggressive and disruptive in class. • Engagement in work is very mood dependent, and he/she can be defiant and struggle with boundaries. • Is very defiant and rarely responds to commands. • Is very fidgety, is easily distracted, struggles to maintain attention, stay on task, and complete tasks unsupported. He/she gets out of their chair frequently. • Gets into regular conflicts with his/her peers due to social difficulties and finds it difficult to resolve these conflicts. • Is very argumentative with peers and staff. • He/she has been on a reduced timetable at times.

	<ul style="list-style-type: none"> • He/she gets frequent detentions. • He/she gets frequent suspensions. • He/she is at high risk of permanent exclusion. • He/she is at high risk of becoming a school refuser. • Severe anxiety is currently having an impact on his school engagement/attendance.
<p>46) Due to a health condition or disability do they wake up and need assistance or supervision during the night?</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • has significant sleep difficulties and still wakes frequently throughout the night. • When they wake up during the night, they usually get out of bed, needing returning and re-settling. • They can be noisy and disruptive whilst awake which disturbs the rest of the family. • Has night terrors/nightmares requiring comfort and reassurance. • Needs support to meet their toileting needs/nappy changes during the night. • Wets the bed and time has to be spent changing sheets etc during the night. • A baby monitor is still used so that we can check on them during the night. • Needs checking on/treatment throughout the night due to a medical condition/seizures etc (please explain). • Is connected to a CPAP machine which administers oxygen throughout the night, and his/her stats must be monitored every 2 hours (for example). • His/her CPAP mask must be checked at regular intervals to ensure it is in place and repositioned to avoid soreness and other facial issues. If his/her stats drop during the night, then the necessary action must be taken. • They need supervising whilst out of bed to ensure they are not engaging in any inappropriate behaviour and to ensure they are safe. • If/how a sight/hearing impairment impacts on night-time needs.
<p>63) Extra information</p> <p>IE, OTHER CARE NEEDS WHICH YOU MAY NOT HAVE MENTIONED PREVIOUSLY</p> <p>Here are some examples</p>	<ul style="list-style-type: none"> • Has PDA/ODD so sees everything as a demand. • Appears to have a high pain threshold, therefore we must be vigilant for the subtle signs of injury etc. • Explores by chewing/mouthing objects (eg putting inedible things in his/her mouth) and therefore always requires close supervision to prevent the possibility of choking. • Needs support to organise him/herself. • Is always losing things. • Suffers from anxiety and seeks reassurance by repetitively asking questions. • Is becoming more self-aware, and he/she knows he's/she's different from his/her peers. This is causing him/her more stress and frustration, and in turn, he/she is displaying more challenging behaviours. • Struggles to make decisions and must be given a choice to enable him/her to do so.

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| | <ul style="list-style-type: none">• Can become fixated on things/an activity/a person and is unable to move on without support.• Due to his/her difficulties he/she is not confident about his/her abilities and is very cautious about trying new things/activities etc, therefore requiring a lot of encouragement to do so.• Has sensory seeking behaviours (eg repetitively opening and shutting doors and turning switches on and off) which requires close supervision at all times.• His/her concern for cleanliness is increasing significantly.• Has become socially isolated since lockdown. He/she is virtually a recluse. His/her anxieties have increased significantly, and he/she struggles to leave the house, and he/she no longer sees his/her friends.• The police have been called on occasion due to aggressive behaviours.• He/she is constantly worried about being made to do something he/she doesn't want to do (ie, being bullied/peer pressure etc). As he/she gets bigger and stronger, more and more of his care needs require two people. |
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