



Category	Need (check all applicable)	E q u i p	Degree of Need			Status of Need				In Region	
			Low	Mod	High	Met	Some Times Met	In Process	Not Met	Yes	No
	f. Medical condition										
	g. Child protection/safety										
	h. Conflict with law										
	i. Addictions										
	j. Other(please specify):										
Personal Care	a. Feeding assisted										
	b. Personal hygiene										
	c. Medications										
	d. Toileting										
	e. Catheterization										
	f. Oxygen(adm)										
	g. Suctioning										
	h. Ventilator therapy										
	i. Other (please specify):										
Program Material	a. Audio										
	b. Braille										
	c. Disk/Cd										
	d. Large print										
	e. Tactual										
	f. Visual										
	g. Other (please specify):										
Speech/ Language/ Audiology	a. Articulation										
	b. Fluency										
	c. Language										
	d. Voice										
	e. Non-verbal										
	f. Audiological profile										
	g. Augmentative/alternate communication										
	h. Other (please specify):										
Technology	a. Communicating										
	b. Hearing										
	c. Management skills										
	d. Movement										
	e. Reading										
	f. Researching										
	g. Seating										
	h. Seeing										
	i. Taking notes										
	j. Other (please specify):										
Program	a. Healthy beginnings										
	b. Early childhood										
	c. Provincial curriculum										
	d. Provincial curriculum with support										
	e. Modified courses										
	f. Alternate courses										
	g. Alternate curriculum										
	h. Adult basic education										
	i. Career planning										
	j. Post-secondary										
	k. Other (please specify):										

**Low:** - supports provided on an "as needed basis"  
- supports may be time limited  
- supports may not be required in most environments  
- child/youth may be independent with minimal supports

**High:** - supports are constant and high intensity  
- supports will be required across most/all environments/areas of need  
- supports are not time limited

**Moderate:** - supports may be required in one or more environments  
- supports and interventions on an ongoing consistent basis  
- supports generally not time limited

**Equip:** - equipment

**Send To:** Regional Child Health Coordinator (see handbook appendices for address)

Date: Jan 2002