ACC 4501

SERIOUS INJURY SERVICE

Support Needs Assessment: Child & Youth

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

Complete this form to identify a child or young person's abilities, support needs and advice to ACC about potential strategies. Once you have completed the form, please sign and return it, together with the completed ICAP booklet, to the ACC Support/Service Coordinator.

PART ONE: BACKGROUND INFORMATION

REFERRAL DETAILS	
Vendor name	
Vendor number	
Date of referral	
Purchase order number	
Does the child have a current treatment relationship with the provider or an associated entity of the provider (i.e. treatment within the last 6 months)?	☐ No ☐ Yes – describe the treatment relationship
Reason for referral/report	☐ This report is being prepared as part of discharge planning ☐ A review of the child's needs and circumstances is needed ☐ The child is actively working on the following objectives listed below: Client's Objectives:
	Home & Living (e.g. time out from family home, return to home from hospital, help with chores, home modifications to meet the young person's needs, independence in personal hygiene)
	Vocational & Educational (e.g. return to school, improve academic results, participate in school extra-curricular activities, learn how to use a computer, commence part-time work)
	Recreation & Leisure (e.g. have friends, have a sleepover with a friend, joining in leisure activities, hang out with friends, hobbies, marae activities and clubs)
	Community Participation (e.g. use public transport, going to the shops, go to the movies, go on an adventure camp, go on a family outing or holiday)

CLIENT DETAILS	
Child's full name	
Preferred name	
Date of birth	
Home address	
Postal address (if difference from home address)	
Home phone number	
Mobile phone number	
Home fax number	
Home email address	
Work phone number	
Ethnicity	
Is English the child's first language?	☐ Yes ☐ No
Is English the family's first language?	☐ Yes ☐ No

CLIENT DETAILS	
If NO to either question above, do they require a translator?	☐ No ☐ Yes → please state which language:
Does the child use specific complex communication aids (i.e. augmentative or alternative communication systems)?	☐ No ☐ Yes – please describe

CHILD'S MOTHER	
Name	
Postal address	
Phone number	
Email address	

CHILD'S FATHER	
Name	
Postal address	
Phone number	
Email address	

CHILD'S GUARDIAN (if other than Mother or Father)	
Name	
Postal address	
Phone number	
Email address	
Relationship to child (e.g. foster parents, grandparents)	

PRIMARY CONTACT	
Who is the primary contact for this child?	☐ Mother ☐ Father ☐ Guardian

ACCESS RESTRICTIONS	
Provide details of any access or Court order restrictions	

DOCTOR'S DETAILS	
Doctor's name	
Practice phone number	
Practice fax number	
Practice email address	

ACC COORDINATOR'S DETAILS	
ACC Service/Support Coordinator's name	
Direct dial phone number	
Email address	

CLAIM DETAILS	
Claim number	
Date of injury	
Brief description of accident	
Brief description of injuries	
Complete only for traumatic brain injury	
Glasgow Coma Score (maximum 15)	
Post Trauma Amnesia (PTA)	days
Complete only for spinal cord injury	
Level of lesion	
ASIA scale	

ACC SERIOUS INJURY PROFILE	
Profile number	
Description of profile	
Date assigned to profile	

WELL-BEING DETAILS	
Significant issues (e.g. asthma, obesity, isolation, regular surgery/hospitalisation)	
Strengths (e.g. teachers and friends understand needs, professionals take notice of what we want, positive about the future)	

EDUCATIONAL DETAILS	
Name of school or pre-school attended at date of injury	
Name of school or pre-school currently attended	
Contact person at current school/pre-school	
Contact person's phone number	
Complete only for those newly injured & attending school/pre-school prior injury	
What is this school's/pre-school's expectation about the student's return to school	
What type of educational facility is the child currently attending?	☐ Pre-school ☐ Kohanga reo ☐ Primary school ☐ Intermediate ☐ Secondary school ☐ Kura kaupapa
What are the facilitators to a return to pre-school/school?	
What are the barriers to a return to school/pre-school?	
How does the child travel to school/pre-school?	☐ Walk ☐ Car (modified or standard) ☐ Taxi ☐ Regular school bus ☐ Other → Please describe:

EDUCATIONAL DETAILS	
Is the child attending school/pre-school full time or part-time	☐ Full time (i.e. 9:00 am to 3:00 pm) ☐ Part time → Please describer pattern of attendance
If PART TIME answered above, describe the strategies to increase the child's attendance or note if these are needed	
If the child receives educational support, describe the need and assistance provided (include both ACC-funded and other educational support)	
If the child receives special education funding or ORRS funding please describe	

EMPLOYMENT DETAILS (only relevant if child is aged 15 years plus)	
Work status at time of injury	☐ Not in paid employment ☐ Part-time, paid employment ☐ Full-time, paid employment
Occupation prior to injury (if applicable)	
Current work status	☐ Not in paid employment ☐ Part-time, paid employment ☐ Full-time, paid employment
Complete the following questions if the young person is currently in paid employment	
Current occupation	
Name of current employer	
Contact person	
Contact person's phone number	

LIVING SITUATION	
What is the child's housing arrangement	☐ Private home – owned ☐ Private home – rented from Housing NZ ☐ Private home – rented from private landlord – specify landlord's name ☐ Shared facility (e.g. residential care, boarding house)
Describe the house that the child lives in (i.e. 2 story house, sloping section)	
Describe the household	
What is the year of birth of the older parent or guardian that the child lives with?	
Other relevant details (e.g. a sibling with a disability or mother travels a lot for work)	

CURRENT ACC-FUNDED SERVICES			
Service	**Provider contact details**	**Frequency**	**Total hours**
Nursing (school terms)			hours per week
Nursing (school holidays)			hours per week
Attendant care Level 1 (school terms)			hours per week
Attendant care Level 1 (school holidays)			hours per week

CURRENT ACC-FUNDED SERVICES			
Attendant care Level 2 (school terms)			hours per week
Attendant care Level 2 (school holidays)			hours per week
Sleepover			hours per week
Education support (teacher aid or education support worker)			hours per week
School to Work Transition service			hours per week
Supported Activity Programme			hours per week
Training for Independence			hours per 4 weeks
Supported Living			hours per week
Supported Employment (15 years+ only)			hours per week
Other – please describe			hours per 4 weeks

OTHER RELEVANT INFORMATION

PART TWO: ASSESSMENT DETAILS

ASSESSOR DETAILS	
Name of person who completed this assessment	
Date of assessment visit to child/family	
Date assessment report filed with ACC	

PARTICIPANTS IN ASSESSMENT			
Name	**Relationship to child**	**Contact phone number**	**Nature of participation (e.g. meeting, phone)**

DOCUMENTS & MEETINGS RELEVANT TO ASSESSMENT			
Document or meeting	**Date**	**Comments**	**Attached?**
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

PART THREE: ACCESS TO EDUCATION (pre-school & school age)

CURRENT OR ANTICIPATED EDUCATIONAL FACILITY	
What resources exist within the school/pre-school to support participation by young people with disabilities?	
Are there any significant access barriers for the child at their current school/pre-school facility? (Note: ACC is not responsible for funding school modifications but this information is useful in planning with the student, school and family)	☐ No ☐ Yes → Please describe
Will the child be transferring to a different educational environment in the next 12 months?	☐ No ☐ Yes → Please describe when & where to
Ask the following questions of school-aged children only	
What size is the primary or secondary school the child is attending?	☐ Fewer than 10 classrooms ☐ Between 10-25 classrooms ☐ More than 25 classrooms
Is the child working to the standard curriculum?	☐ Yes ☐ No → Describe what they are working to

If the child has specific support needs that are different from other students of the same age, describe the student's abilities and needs in relation to participation in the specified activity.

SUPPORT NEEDS AT SCHOOL OR PRE-SCHOOL	
(a) **Classroom activities** Compared to other students of the same age, does this child have specific needs in relation to classroom activities?	☐ Yes ☐ No → **Go to (b) Playground/recess question**
Describe the child's abilities in relation to classroom activities	
Describe the child's specific support needs in relation to classroom activities	
(b) **Playground/recess** Compared to other students of the same age, does this child have specific needs in relation to playground/recess?	☐ Yes ☐ No → **Go to (c) Extracurricular activities question**
Describe the child's abilities in relation to playground/recess	
Describe the child's specific support needs in relation to playground/recess	
(c) **Extracurricular activities** Compared to other students of the same age, does this child have specific needs in relation to extracurricular activities?	☐ Yes ☐ No → **Go to (d) Before & after-school activities question**
Describe the child's abilities in relation to extracurricular activities	
Describe the child's specific support needs in relation to extracurricular activities	
(d) **Before & after-school activities** Compared to other students of the same age, does this child have specific needs in relation to before & after-school activities?	☐ Yes ☐ No → **Go to (e) Changing clothes for activities question**
Describe the child's abilities in relation to before & after-school activities	
Describe the child's specific support needs in	

SUPPORT NEEDS AT SCHOOL OR PRE-SCHOOL	
relation to before & after-school activities	
(e) **Changing clothes for activities** Compared to other students of the same age, does this child have specific needs in relation to changing clothes for activities?	☐ Yes ☐ No → **Go to (f) Excursions question**
Describe the child's abilities in relation to changing clothes for activities	
Describe the child's specific support needs in relation to changing clothes for activities	
(f) **Excursions** Compared to other students of the same age, does this child have specific needs in relation to excursions?	☐ Yes ☐ No → **Go to (g) Hygiene question**
Describe the child's abilities in relation to excursions	
Describe the child's specific support needs in relation to excursions	
(g) **Hygiene (washing, toileting)** Compared to other students of the same age, does this child have specific needs in relation to washing or toileting?	☐ Yes ☐ No → **Go to (h) Mealtimes question**
Describe the child's abilities in relation to washing & toileting	
Describe the child's specific support needs in relation to washing & toileting	
(h) **Mealtimes** Compared to other students of the same age, does this child have specific needs in relation to mealtimes?	☐ Yes ☐ No → **Go to Part Four**
Describe the child's abilities in relation to mealtimes	
Describe the child's specific support needs in relation to mealtimes	

PART FOUR: WEEFIM II[1] (or FIM™ if assessor determines this more appropriate) & FAM[2]

Using the scale below please rate the child's skills using the WeeFIM or the FIM™ instrument

No helper	Helper modified device	Helper – complete dependence
7 Complete independence (timely, safely)	5 Supervision or set-up	2 Maximum assistance (subject 25% - 49%)
6 Modified independence (device)	4 Minimal assistance (subject = 75% or more)	1 Total assistance (subject less than 25%)
	3 Moderate assistance (subject = 50% – 74%)	

FIM™ OR WEEFIM™	FIM Score	WeeFIM score	Age-typical score	Child's WeeFIM score compared to age-typical score
(a) Eating				☐ Above ☐ Same ☐ Below
(b) Grooming				☐ Above ☐ Same ☐ Below
(c) Bathing				☐ Above ☐ Same ☐ Below
(d) Dressing – upper				☐ Above ☐ Same ☐ Below
(e) Dressing – lower				☐ Above ☐ Same ☐ Below
(f) Toileting				☐ Above ☐ Same ☐ Below
(g) Bladder management (level of assistance)				☐ Above ☐ Same ☐ Below
(h) Bladder management (frequency of accidents)	N/A		N/A	
(i) Bowel management (level of assistance)				☐ Above ☐ Same ☐ Below
(j) Bowel management (frequency of accidents)	N/A		N/A	
SELF CARE TOTAL (exclude items h & j)				☐ Above ☐ Same ☐ Below
(k) Bed, chair, wheelchair				☐ Above ☐ Same ☐ Below
(l) Toilet				☐ Above ☐ Same ☐ Below
(m) Tub, shower				☐ Above ☐ Same ☐ Below
(n) Walk/wheelchair ☐ Walk ☐ Wheelchair ☐ Both				☐ Above ☐ Same ☐ Below
(o) Stairs				☐ Above ☐ Same ☐ Below
MOBILITY TOTAL				☐ Above ☐ Same ☐ Below
(p) Comprehension ☐ Auditory ☐ Visual ☐ Both				☐ Above ☐ Same ☐ Below
(q) Expression (Both) ☐ Vocal ☐ Non-vocal ☐ Both				☐ Above ☐ Same ☐ Below
(r) Social interaction				☐ Above ☐ Same ☐ Below
(s) Problem-solving				☐ Above ☐ Same ☐ Below
(t) Memory				☐ Above ☐ Same ☐ Below
COGNITION TOTAL				☐ Above ☐ Same ☐ Below
Total FIM™ or WeeFIM score				☐ Above ☐ Same ☐ Below

Note: maximum WeeFIM score is 126 (do not include accident frequency rates in total)

1 (2005). The WeeFIM II clinical guide: version 6. New York, Uniform Data System for Medical Rehabilitation www.udsmr.org.

2 The FIM ™ data set, measurement scale and impairment codes are the property of Uniform Data Systems for Medical Rehabilitation.
Functional Independence Measure (FIM) http://www/weefim.org/
Functional Assessment Measure (FAM) http://www.tbims.org/combi/FAM/ukfam.html

Using the scale below please rate the child's skills using the FAM instrument

No helper	Helper modified device	Helper – complete dependence
7 Complete independence (timely, safely) 6 Modified independence (device)	5 Supervision or set-up 4 Minimal assistance (subject = 75% or more) 3 Moderate assistance (subject = 50% – 74%)	2 Maximum assistance (subject 25% - 49%) 1 Total assistance (subject less than 25%)

FUNCTIONAL ASSESSMENT MEASURE	
(a) Swallowing	
(b) Car transfers	
(c) Community mobility	
(d) Reading	
(e) Writing	
(f) Speech intelligibility	
(g) Emotional status	
(h) Adjustment to limitations	
(i) Employability	
(j) Orientation	
(k) Attention span	
(l) Safety judgement	
Total FAM score	

Where the child's performance is below the expected performance, (that is, below age typical in the case of WeeFIM or 5 or less in the FIM or FAM) please provide further information as to the type and expected duration of support required

BELOW TYPICAL SCORES (Remember a score of 3 to 5 means assistance or modification, not just assistance)		
Area		
Description of the support need & why it is needed		
If human assistance is advised, describe:	At Home	At School/Pre-School
(a) the time involved in providing support (e.g. 50minutes)		
(b) the frequency of support (e.g. daily, twice weekly)		
(c) how long support is needed for (in weeks or on-going)		
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(c) how long support is needed for (in weeks or on-going)		

If supervision is being suggested to respond to any of the needs identified in the WeeFIM/FIM+FAM, describe the alternatives to supervision and any barriers to implementation.

FIM™/FIM & SUPERVISION	
Describe how the supervision for this child differs from that provided by parents of typically developing children	
Alternatives to supervision	
Barriers to implementation	
Describe the step down strategies and time frames to achieve child independence, balancing risk and opportunity.	

PART FIVE: MEDICAL SUPPORT NEEDS[3]

MEDICAL SUPPORT NEEDS	
Does the child have exceptional medical support needs?	☐ No → **Go to Part Six: Behaviours of Concern** ☐ Yes → **Complete relevant parts of table below**
Respiratory:	
Ventilator	
Postural drainage	
Suctioning	
Uses oxygen	
Eating:	
Oral assistance & jaw positioning	
Tube feeding	
PEG feeding	
Skin care:	
Turning or positioning by others	
Other wound management	
Sphincter management:	
Indwelling catheter	
Intermittent catheterisation	
Assistance in bowel management (e.g. assistance to insert suppository)	
Other medical needs:	
Poorly controlled seizures	
Dialysis	
Ostomy care	
Fracture risk (spontaneous fractures)	
Temperature regulation	
Autonomic dysreflexia	
Other	

[3] Davison, H. (2005). "The Supports Intensity Scale." Journal of Intellectual Disability Research 49(8): 636-636.
Catz, A., M. Itzkovich, et al. (1997). "SCIM - spinal cord independence measure: a new disability scale for patients with spinal cord injury lesions." Spinal Cord 35: 850-856.

PART SIX: BEHAVIOURS OF CONCERN

Complete the following sections of the ICAP booklet and then answer the questions below

1. **Front page – only Client Name, Client ID (with ACC claim number), Evaluation Date, Birth Date and Age**
2. **Section D: Adaptive Behaviour**
3. **Section E: Problem Behaviour (only if challenging behaviours are present)**

ICAP[4] AND CHALLENGING BEHAVIOURS	
Were challenging or exceptional behavioural support needs recorded in the ICAP?	☐ No → **Go to Part Seven: Summary & Advice** ☐ Yes → **Complete ICAP results table below**

ICAP RESULTS	
Chronological age	
Developmental adaptive behaviour age from ICAP	
Service score	
Service level	

IMPACT OF CHALLENGING BEHAVIOURS	
Please provide any additional comments on the impact of the challenging behaviours in the various environments in which the child participates.	

STRATEGIES FOR MANAGING CHALLENGING BEHAVIOURS	
Please provide comments on the strategies currently in place and their efficacy, and suggest any strategies that are not currently in place.	
Is supervision is being suggested to respond to any of the needs identified in the ICAP?	☐ No → **Go to Part Seven: Summary & Advice** ☐ Yes → **Complete relevant parts of table below**
Describe how the supervision for this child differs from that provided by parents of typically developing children	
Describe the alternatives to supervision and any barriers to implementation (a) Alternatives to supervision	
(b) Barriers to implementation	
(c) Describe the step-down strategies and time frames to achieve child independence, balancing risk and opportunity.	

4 Inventory for Client and Agency Planning, Copyright © 1986 by The Riverside Publishing Company

PART SEVEN: SUMMARY & ADVICE

Please summarise your observations as to child's support needs and abilities under the headings below.

In commenting on possible responses, work to strategies that are consistent with the requirements of the Accident Compensation Act 2001 in relation to family care and support[5] and contemporary disability practice. Strategies should also aim to:

- **Maximise the child's independence, for example consider environmental modifications, equipment and technological supports before advising a supervision response**
- **Provide the child with age- and skill-appropriate structure approaches to learning**
- **Are consistent with the principle of least intrusive and restrictive responses**
- **Balance safety, dignity of risk[6], and learning through managed risk and opportunity.[7]**

ACC will consider your advice together with other child information, and will make a decision with the child's family as to the most appropriate responses.

SUMMARY	
Please summarise your observations as to the child's support needs and abilities under the following status headings (address both strengths & needs):	
(a) Medical	
(b) Physical	
(c) Psychological (cognition, mood, behaviour)	
(d) Social	
(e) Educational	
(f) Vocational	
(g) Play	
Strategies that will increase the child's independence and the child & family's quality of life, (consider child & family actions, community activities, informal supports, as well as funded services)	
Strategies that will increase the student's participation in the school & curriculum	
Medical consumables & equipment not currently in place, including repairs or changes	
Further assessments advised (e.g. home modifications, wheelchair, seating)	
Considering the child's developmental age, abilities, support needs, and educational stage, when would re-assessment be appropriate	

EVIDENCE SUPPORTING ADVICE ABOUT ACC-FUNDED KEY SERVICES						
Check ☒ the specific sections of this assessment that support your service advice						
	Service advice (hours/week)	**Part One:** Background	**Part Three:** Education access	**Part Four:** WeeFIM or FIM	**Part Five:** Medical needs	**Part Six:** ICAP
Nursing		☐	☐	☐	☐	☐
Attendant care for personal care needs (Level 1)		☐	☐	☐	☐	☐
Attendant care for personal care needs (Level 2)[8]		☐	☐	☐	☐	☐
Attendant care for community access (Level 1)		☐	☐	☐	☐	☐
Attendant care for community access (Level 2)		☐	☐	☐	☐	☐
Attendant care for indirect (general) supervision at home (Level 1)		☐	☐	☐	☐	☐
Education (teacher) aide		☐	☐	☐	☐	☐
Other ➔ **Please describe:**		☐	☐	☐	☐	☐

5 Section 84 and Schedule 1, Entitlements, Part 1, Social rehabilitation, 14 Attendant care. Injury Prevention, Rehabilitation and Compensation Act, 2001.

6 Smull, M. (1995). Revisiting choice - part 1 and part 2. Baltimore, Support Development Associates http://www.allenshea.com/choice.html

7 McColl, M. (2007). "Half a century of care." Brain Impairment **8**(3): 235-237

8 Note: Level 2 care is only approved where the client has significant medical or behavioural issues affecting personal care and/or community access. Level 2 care is not approved for indirect or general supervision.

For each exceptional response, complete the relevant tables below.

EVIDENCE SUPPORTING ADVICE OF EXCEPTIONAL RESPONSE REQUIREMENTS						
Check ☒ the specific components of the assessment that support your service advice						
	Service advice (hours/week)	**Part One:** Background	**Part Three:** Education access	**Part Four:** WeeFIM or FIM	**Part Five:** Medical needs	**Part Six:** ICAP
Attendant Care for indirect (general) supervision Level 1[9]		☐	☐	☐	☐	☐
Sleepover		☐	☐	☐	☐	☐
Active nights		☐	☐	☐	☐	☐
24-hour support package		☐	☐	☐	☐	☐
Teacher aide time between 15-25 hours/week		☐	☐	☐	☐	☐
Teacher aide time more than 25 hours/week		☐	☐	☐	☐	☐

ATTENDANT CARE FOR INDIRECT SUPERVISION	
If indirect supervision (i.e. supervision that is not task-specific) has been advised above, complete the following information. Note advice as to the need for indirect supervision must be supported by direct evidence from the WeeFIM/FIM+FAM and/or ICAP and/or medical support needs	
What is the precise activity, risk, or circumstance that the supervision is designed to address (e.g. in case of a fall, in case of wandering)?	
How does this risk differ from the supervision needs of a child of the same age?	
How often does this activity/risk/circumstance occur (e.g. rarely, daily, weekly, etc)?	
What are the consequences of this activity/risk/ circumstance, if indirect supervision is not in place?	
What alternatives to indirect supervision have been considered and what are the barriers to implementing these alternatives?	
Summarise the step-down strategies and time frames to achieve child independence, balancing risk and opportunity	

SLEEPOVER	
If sleepover care has been advised above, complete the following information. Note advice as to the need for sleepover care must be supported by direct evidence from the WeeFIM/FIM+FAM and/or ICAP and/or medical support needs	
Describe the child's sleeping pattern.	
How does the child's sleeping pattern differ from that of a child of the same age?	
What is the precise activity, risk, or circumstance that the sleepover care is designed to address (e.g. sleep walking, wandering)?	
How often does this activity/risk/circumstance occur (e.g. rarely, daily, weekly, etc)?	
What are the consequences of this activity/risk/ circumstance, if sleepover care is not in place?	
If it is for general night safety, how does it differ from the mutual support usually afforded by the family or guardian?	
What alternatives to sleepover care have been considered and what are the barriers to implementing these alternatives?	

ACTIVE NIGHTS

[9] See footnote 8

ACTIVE NIGHTS

If active nights care has been advised above, complete the following information. Note advice as to the need for active nights care must be supported by direct evidence from the WeeFIM/FIM+FAM and/or ICAP and/or medical support needs

Describe the child's sleeping pattern.	
How does the child's sleeping pattern differ from that of a child of the same age?	
What is the precise activity, risk, or circumstance that the active nights care is designed to address (e.g. frequent turning)?	
How often does this activity/risk/circumstance occur (e.g. rarely, daily, weekly, etc)?	
What are the consequences of this activity/risk/ circumstance, if active nights care is not in place?	
If it is for general night safety, how does it differ from the mutual support usually afforded by the family or guardian?	
What alternatives to active nights care have been considered and what are the barriers to implementing these alternatives?	

24-HOUR SUPPORT

If 24-hour support has been advised above, complete the following information. Note advice as to the need for 24-hour support must be supported by direct evidence from the WeeFIM/FIM+FAM and/or ICAP and/or medical support needs

What is the precise activity, risk, or circumstance that 24-hour support is designed to address (e.g. need for continual supervision)?	
How does this risk differ from the supervision needs of a child of the same age	
How often does this activity/risk/circumstance occur (e.g. rarely, daily, weekly, etc)?	
What are the consequences of this activity/risk/ circumstance, if 24-hour support is not in place?	
What alternatives to 24-hour support have been considered and what are the barriers to implementing these alternatives?	

TEACHER AIDE TIME OVER 15 HOURS PER WEEK

If more than 15 hours/week of teacher aide support has been advised above, complete the following information. Note advice as to the need for teacher aide support must be supported by direct evidence from the WeeFIM/FIM+FAM and/or ICAP and/or medical support needs

What is the precise activity, risk, or circumstance that teacher aide support is designed to address (e.g. task set-up, challenging behaviours that pose a risk to self or others)?	
How does this risk differ from the educational and school participation needs of a child of the same age?	
How often does this activity/risk/circumstance occur (e.g. rarely, daily, weekly, etc)?	
What are the consequences of this activity/risk/ circumstance, if teacher aide support is not in place?	
What alternatives to teacher aide support have been considered and what are the barriers to implementing these alternatives?	

PAYMENTS TO FAMILY MEMBERS

If payment to a family member who lives with the child (regularly or permanently) is being advised, describe:

How does the support differ from the sort of support parents might reasonably be expected to provide to typically developing children?	

How does providing support disrupt the typical activities of the family, with particular reference to employment of family members?	
When and what sort of support needs to be provided to enable the family member(s) to have a break	

PATTERN OF DAILY ACTIVITIES & FUNDED SUPPORTS (during school terms)

	Morning E.g. 7:30-9:00 am Showering, dressing, bed-making	**Afternoon** E.g. 3:00-5:00 pm Swimming, gym, library,	**Evening** E.g. 8:30-9:00 pm Evening routine for going to bed	**Total hours/day** (based on multi-tasking, if present)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

PATTERN OF DAILY ACTIVITIES & FUNDED SUPPORTS (during school holidays)

	Morning E.g. 7:30-9:00 am Showering, dressing, bed-making	**Afternoon** E.g. 3:00-5:00 pm Swimming, gym, library,	**Evening** E.g. 8:30-9:00 pm Evening routine for going to bed	**Total hours/day** (based on multi-tasking, if present)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

ASSESSOR FEEDBACK

Rate the completeness of the information provided by ACC	1☐ Poor 2☐ 3☐ 4☐ 5☐ Complete

ASSESSOR DECLARATION

"I have personally assessed the child and to the best of my knowledge the information given is accurate and complete."

Name	
Date	
Signature	

The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.

PART EIGHT: ACC USE ONLY

EXCEPTIONAL RESPONSE REVIEW		
Please check ☒ all relevant boxes. ACC is not double counting by requesting information about exceptional responses. Analyses and reporting mean that both sets of information are required.		
	Requested (check ☒ if yes, otherwise leave blank)	**Approved** (check ☒ if yes, otherwise leave blank)
Attendant Care for indirect (general) supervision Level 1	☐	☐
Sleepover	☐	☐
Active nights	☐	☐
24-hour support package	☐	☐
Facility-based residential care	☐	☐

OVERALL REPORT REVIEW	
Completeness of the assessment (i.e. no missing information, no return for further information)	1☐ Low 2☐ 3☐ 4☐ 5☐ High
Part 7: Status– addresses strengths and needs	1☐ Low 2☐ 3☐ 4☐ 5☐ High
Part 7: Strategies – suggests age and culturally appropriate, diverse responses (e.g. child, family, community, informal networks, ACC funded)	1☐ Low 2☐ 3☐ 4☐ 5☐ High
Part 7: Strategies – are consistent with ACC legislative requirements, maximising the child's age-appropriate independence, providing the child with structured approaches to learning & participation opportunities, the principle of least restrictive responses, and balancing safety and opportunity	1☐ Low 2☐ 3☐ 4☐ 5☐ High
Clear line of evidence supporting advice regarding ACC funded supports and/or exceptional responses	1☐ Low 2☐ 3☐ 4☐ 5☐ High