



Understanding my support needs

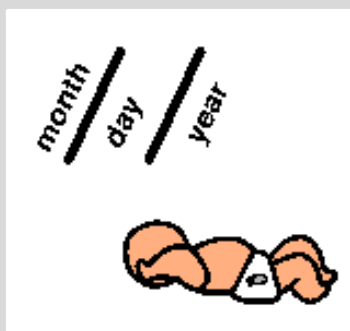


This is an Easy to Read version.

Information about me



Name



Date of birth

458623

Identification number



Name of school or service

Where do you live?



Do you live in your family home all the time?

☐

Yes

☐

No



Do you live in your family home some of the time?

☐

Yes

☐

No

Do you go to school or to a training centre?



I go to a mainstream school

☐

I go to a special class in a mainstream school

☐

I go to a special school

☐

I go to a training centre

☐

I do not go to school or to a training centre

☐

The meeting



Names of people at the meeting



Was the meeting online?

☐☐

Yes

No



Was the meeting face to face?

☐☐

Yes

No



Did someone tell you about the meeting and this form?

☐☐

Yes

No

Where did we get information for the meeting?

☐

You and your family

☐

School

☐

Training service

☐

Psychology

☐

Psychiatry

Where did we get information for the meeting?

☐

Behaviour Therapy

☐

Speech and Language Therapy

☐

Physiotherapy

☐

Occupational Therapy

☐

Other



What things in your life do you enjoy the most?

You can write your answer, draw, or put
photos or pictures in the boxes.



Home:



School:



Community:

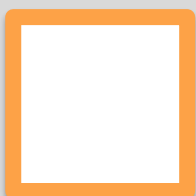
Activities of Daily Living



We want you to think about the activities that you do every day.



Think about the support that you need to do these activities.



1

Look at the next page.

There is a number and colour to match the level of support you need to do different things.



0

I do not need any support.
I might need to use equipment or technology to help me.



1

Sometimes, I might need a small bit of support or advice to do this activity.



2

I often need support or advice from someone to do this activity.



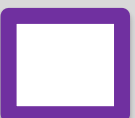
3

I always or nearly always need support, advice, or someone beside me to do this activity.



4

I need the full support of 1 person to do this activity.



5

I need the full support of 2 or more people to do this activity.

Think about each of these activities.

Look at the numbers and colours for support on the last page.

Tick the right number and colour for the support you need for each activity.



Eating and Drinking

☐

0

☐

1

☐

2

☐

3

☐

4

☐

5



Dressing

☐

0

☐

1

☐

2

☐

3

☐

4

☐

5



Keeping clean, tidy, and looking good

☐

0

☐

1

☐

2

☐

3

☐

4

☐

5



Washing my whole body, for example,
in a bath or shower



0



1



2



3



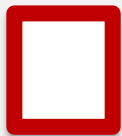
4



5



Using the toilet



0



1



2



3



4



5



Staying comfortable, for example, in a
bed or chair



0



1



2



3



4



5



Keeping busy



0



1



2



3



4



5



Getting out and about



0



1



2



3



4



5



Keeping appointments



0



1



2



3



4



5

Think about each of these activities.

Look at the numbers and colours for support on page 10.

Tick the right number and colour for the support you need for each activity.



Making drinks and snacks

☐

0

☐

1

☐

2

☒

3

☐

4



Housework

☐

0

☐

1

☐

2

☒

3

☐

4



Planning my life

☐

0

☐

1

☐

2

☒

3

☐

4



Anxiety or feeling stressed



0



1



2



3



4



Managing sensory challenges



0



1



2



3



4



Understanding others



0



1



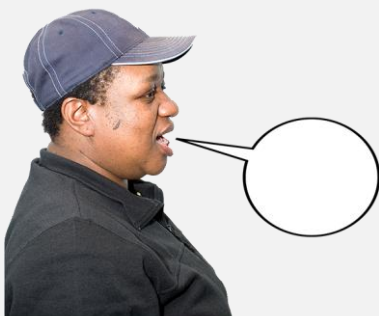
2



3



4



Speaking, using language, using the phone



0



1



2



3



4

Medical supports



This part of the form asks about medical supports.



Think about the support that you need to stay healthy.

Look at the next page.



1

Look at the next page.

There is a number and colour to match the level of support you need to do different things.



0

I have no medical needs.



1

Sometimes, I might need a small bit of support or advice to manage my medical needs.



2

I often need support or advice to manage my medical needs.



3

I need support from 1 or 2 people to manage my medical needs.
I do not need a nurse or person with medical training.



4

I need support from 1 nurse or person with medical training every day.



5

I need support from more than 1 nurse or person with medical training every day.

Communication



I need support with communication

☐

Yes

☐

No



I use Irish Sign Language

☐

Yes

☐

No



I use Lámh

☐

Yes

☐

No



I use another type of communication

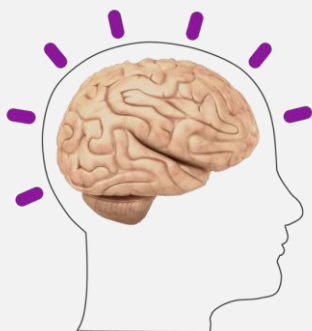
☐

Yes

☐

No

Seizures



Do you have seizures?

☐

Yes

☐

No

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

If yes, have you had a seizure in the last 3 days?

☐

Yes

☐

No

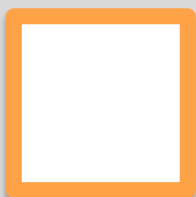
Behaviour support and support to keep me safe



This part of the form asks if you need support with behaviour and to keep safe.



Think about the support that you need.
Look at the next page.



1

Look at the next page.

There is a number and colour to match the level of support you need to do different things.



0

I do not need behaviour supports or extra supports to keep me safe.



1

Sometimes, I need a small bit of support or advice about my behaviour or ways to stay safe.

For example, to make new friends.



2

I often need support or advice about my behaviour or staying safe.

For example, to travel on my own or use the internet.



3

I usually need support with my behaviour or to keep me safe.

For example, to stop me hurting myself or others, or damaging property.



4

I always need someone with me to help me manage my behaviour and stay safe.

For example, to stop me hurting myself or other people, or damaging property.

Extra information



My support needs now and in the future:

For example, clinical, respite, transport, residential.



Guidance I was given and future actions:

What disability do you have?



Autism

☐

Head injury

☐

Hearing

☐

Visual

☐

Mental Health

☐

What disability do you have?



Physical

☐

Intellectual

☐

Specific Learning
Difficulty

☐

Other

☐