

Mental Health #	Social Skills Behaviour	Mood Social Skills Behaviour	Mood Anxiety Body Image/Self- esteem	Mood Anxiety Body Image/Self- esteem
Equipment SMO: supramalleolar orthosis AFO: ankle-foot orthosis WC: wheelchair	<input type="checkbox"/> SMO <input type="checkbox"/> Canes <input type="checkbox"/> AFO <input type="checkbox"/> Walker <input type="checkbox"/> Splints <input type="checkbox"/> Stander	<input type="checkbox"/> SMO <input type="checkbox"/> Canes <input type="checkbox"/> AFO <input type="checkbox"/> Walker <input type="checkbox"/> Splints <input type="checkbox"/> Stander <input type="checkbox"/> WC	<input type="checkbox"/> SMO <input type="checkbox"/> Canes <input type="checkbox"/> AFO <input type="checkbox"/> Walker <input type="checkbox"/> Splints <input type="checkbox"/> Stander <input type="checkbox"/> Lifts <input type="checkbox"/> WC	<input type="checkbox"/> SMO <input type="checkbox"/> Canes <input type="checkbox"/> AFO <input type="checkbox"/> Walker <input type="checkbox"/> Splints <input type="checkbox"/> Stander <input type="checkbox"/> Lifts <input type="checkbox"/> WC
Accessibility/Independence <ul style="list-style-type: none"> • Bathroom (e.g. grab bars, shower chair, commode, renovations) • Entrances (e.g. lifts/ramps) • School safety/accessibility • Public transportation • Community Mobility assessment • Community-based home care supports 			<input type="checkbox"/> Powered mobility	<input type="checkbox"/> Powered mobility
Therapy/Services <ul style="list-style-type: none"> <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Social Work Funding/Supports <ul style="list-style-type: none"> <input type="checkbox"/> Provincial Disability Support Funds <input type="checkbox"/> Disability Tax Credit <input type="checkbox"/> Assistive Devices Funding <input type="checkbox"/> CP Support Groups 	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Psychoeducational assessment	<input type="checkbox"/> Psychoeducational assessment	Transition to adult services <ul style="list-style-type: none"> <input type="checkbox"/> Family MD <input type="checkbox"/> Psychoeducational assessment <input type="checkbox"/> Adult Disability Benefits
Development: Gross Motor Fine Motor ADLs/Independence Expressive Language Receptive Language Articulation Social Social Communication Cognitive	<input type="checkbox"/> Preschool/Daycare <input type="checkbox"/> Transition to kindergarten	<input type="checkbox"/> Learning disorders <input type="checkbox"/> Attention/Focus <input type="checkbox"/> Communication Devices/Writing Aids	<input type="checkbox"/> Learning difficulties <input type="checkbox"/> Attention/Focus <input type="checkbox"/> Communication Devices/Writing Aids <input type="checkbox"/> Bullying <input type="checkbox"/> Secondary school transition	<input type="checkbox"/> Post-secondary school transition

† See American Academy of Cerebral Palsy and Developmental Medicine Care Pathway: <https://www.aacpdm.org/publications/care-pathways>

*When assessing causes of sleep disturbances, in addition to the usual behavioural causes consider seizures and pain as potential contributors

**If concerns for scoliosis or pelvic obliquity, reinstate hip surveillance

See Mental health problems in children with neuromotor disabilities: <https://cps.ca/en/documents/position/mental-health-problems-neuromotor-disabilities>

CHILD/YOUTH	CAREGIVER/FAMILY
<p>PARTICIPATION: Fun/Fitness</p> <ul style="list-style-type: none"> ● What do you do for fun? To relax? ● What have you done to make it easier to participate? ● In the next 6-12 months, what things would you like to participate in? ● How much screen time do you have per day? (TV, computer, tablet, phone) ● Are there things that interfere with your fun and fitness? 	<p>PARTICIPATION: Fun/Fitness</p> <ul style="list-style-type: none"> ● What do you do fun? ● What do you do to relax? ● What are the things you do that make a difference, but don't cost money? ● Are there things that interfere with your fun or relaxation?
<p>SOCIAL WELLNESS: Friends/Family</p> <ul style="list-style-type: none"> ● Who are the most important people in your life other than your parents/family? 	<p>SOCIAL WELLNESS: Friends/Family</p> <ul style="list-style-type: none"> ● Who do you have in your life that helps you? ● Who are the most important people in your life? ● Do you have someone you feel comfortable talking to?
<p>EMOTIONAL WELLNESS:</p> <ul style="list-style-type: none"> ● How are <i>you</i> doing? ● Do you feel listened to? ● Do you have chance to talk about what is hard for you? ● What strategies work when you are finding it difficult to cope? 	
<p>SUPPORTS & BARRIERS:</p> <ul style="list-style-type: none"> ● What are the things that prevent you from doing what you want? ● What have you found most helpful in overcoming some of the challenges you talked about? ● What has worked for you in the past? 	<ul style="list-style-type: none"> ● Respite? ● Funding? ● Transportation? ● Language? ● Culture?

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