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| **Intellectual disability, autism spectrum disorder and physical disability programs** | Services request  Cluttering  **PARENTS SECTION** |
| **MUST BE FILLED IN BY A PARENT** | |

**Electronic version** électronique

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| 1. **Child identification** |  |

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| LAST NAME | FIRST NAME | DATE OF BIRTH |
| Mother's or parent's e-mail 1 : | | |
| Father's or parent's e-mail 2: | | |

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| 1. **Daily impacts** |  | |
| Do you have trouble understanding your child because he/she talks too quickly?  Does this make it difficult for you to understand his/her requests? | | Yes  No  Yes  No |
| Does talking too quickly affect your child emotionally?  Never  Rarely  Sometimes  Often | | |
| Does your child give up on his/her ideas when he/she can't make himself/herself understood?  Never  Rarely  Sometimes  Often | | |
| Does your child have trouble making friends because of his/her difficulty communicating?  Never  Rarely  Sometimes  Often | | |
| Does your child isolate himself/herself because of his/her difficulty communicating?  Never  Rarely  Sometimes  Often | | |
| Does your child experience any disputes because of the way he or she speaks?  Never  Rarely  Sometimes  Often | | |

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| Does your child give up easily during a conversation?  Yes  No  If yes, which situation/s? |
| Are there any other issues that concern you?  If yes, please give details : |

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| 1. **Motivation** | | | |  | | | |
| Who expressed the need to get help regarding your child's cluttering?  Yourself  Your child  Someone else: | | | | | | | |
| Cluttering services involve:   1. Participation in meetings at the Jewish Rehabilitation Hospital of the CISSS de Laval; 2. Exercise at home several times a week. | | | | | | | |
| Your motivation (or availability) to do this is: | | | | | | | |
|  | 1 | 2 | 3 | | 4 | 5 |  |
|  | None | Low | Average | | Good | Excellent |  |
| Your child's motivation (or availability) to do this is: | | | | | | | |
|  | 1 | 2 | 3 | | 4 | 5 |  |
|  | None | Low | Average | | Good | Excellent |  |
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| **Parent who filled out the form** |  |
| LAST, FIRST NAME |  |
| Parent’s signature | Date |