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| **Intellectual disability, autism spectrum disorder and physical disability programs** | Services requestCluttering**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**
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| 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 [ ]  NoIf yes, which situation/s?       |
| Are there any other issues that concern you?If yes, please give details :       |

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| 1. **Motivation**
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| 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 |