



For Us Too's Guide to completing DLA

All About Your Child.

On the following pages are some points to look at whilst completing your child's DLA form. Please ensure you answer every point as fully as possible as this will ensure you have all the information on the form that is needed.



Please ensure you bring this as well as other paperwork with you when meeting with any of the For Us Too staff, including any test results, the supporting statement or any medical reports you have.

You will need to get a supporting statement about your child.

You can ask;

- The child's school,
- The child's medical team,
- The child's social worker,
- Any organisations involved with the child,
- A family member or friend.

Take a photocopy of the form and get them to write on that rather than the original.



Section 1 Mobility

How Does your child get around?

Do they need Physical assistance? If so what?

Are they aware of dangers such as road safety/stranger danger?

Do they experience pain/fatigue on moving around?

Can they move around without pain?

Do they need a lot of encouragement to get out?

Are there any OCD behaviours that need to be considered before leaving the house? If so what?

Do they have any rigid routines? If so, please describe.



Does your child have any episodes of incontinence which results in you needing to guide them to a toilet?

Section 2 - Getting into/ out of bed during the day

How long does it take to get your child out of bed in the morning or after a nap?

Does your child require physical assistance, i.e. a hoist?

Do you have a lengthy routine?

Do the effects of medication delay the process of getting up?

How do you settle your child before a nap?



Section 3 - Toileting

Does your child have any toileting issues?

Do they require any help/ encouragement to go to the toilet?

Does your child need any aids to help them go to the toilet, i.e. a stall?

Are there any behavioural issues regarding toileting, e.g. smearing?

Does your child have constipation/ loose bowels?

Does your child need medication to help them go to the toilet?



Section 4 Moving around indoors during the day

Do they need help going up or down the stairs?

Can they move around safely? Do they run or jump around?

Do you need to constantly supervise your child?

Are they aware of dangers around the home?

How is your child's balance- do they bump into things or fall over?

Is your child in pain when they move around the home?

Does your child have any aids to move around the home?

Can your child get in/out of a chair safely? Can they sit in a chair?



Section 5 - Washing/bathing/ showering and checking appearance

Does your child require extra care to?

Have a wash/clean their teeth,

Wash hair,

Get in/ out of the bath/shower

Clean/ dry themselves

Do they need help to check their appearance/ brush hair or shave?

Are they able to keep areas that need to be kept dry such as stomas?



Are they aware of dangers, such as water temperature/
electricity?

Do they have a rigid routine? If so how long does it take?

Is your child aggressive or resistant to washing?

Do you constantly need to prompt your child to wash?

Is your child in pain?



Section 6 - Dressing and undressing

Do you need to constantly prompt your child?

Do you need to physically help your child?

Can your child do their own buttons/ zips?

Do they choose appropriate clothes for the weather?

Will your child refuse to get ready for bed?

Do they try to get undressed at inappropriate times?

Does your child need adapted clothing i.e. seamless/ label-less clothing?



Section 7 – Eating and drinking

Does your child have sensory issues- will your child be sensitive to;

Textures,

Brands,

Colours,

Or need separate plates?

Does your child have physical issues? Does the food need to be cut up/ pureed/ liquidised or need to be tube/ pump fed?

Does your child choke when eating? Do their drinks need to be thickened

Does your child have problems swallowing?

Does your child only eat with their fingers?

Are they messy eaters?

Does your child require a special cup or a straw?



Are they a slow eater? How long does it take them to eat a meal?

Would your child know if their food/ drink was too hot?

Section 8 - The way your child sees

Is your child certified as severely sight impaired?



Is your child sensitive to light? (photo phobia)

Does your child have night blindness?

Does your child require assistance to ensure they stay safe?

Does your child need:

Braille

A guide

A guide dogs?

Section 9 - The way your child hears



Have they had an audiology test in the last 6 months? Bring results

Does your child struggle to hear if there is a lot of background noise?

Does your child experience pain from sensitivity to noise?

Do they become anxious or upset due to their hearing?

Do they wear ear defenders/ ear plugs?

Do they use sign language?

Do you have to administer ear drops?

Section 10 - The way your child speaks

Do they have difficulty speaking?



Do they have a physical condition affecting their speech?

Do they have echolalia?

Are they anxious about speaking which results in them not wanting to speak?

Do they become angry/ depressed when/ if others do not understand them?

Do they ever choose not to speak?

Section 11 - How your child communicates

Does your child need extra help to communicate?



Does your child;

Use sign language?

Lip read?

Use PECS,

Use visual aids?

Can they communicate with people they know?

Can they communicate with people they don't know?

Can they understand long complex sentences?

Do they need time to process what has been said?

Does your child understand jokes/ teasing? Do they take things literally?

Can they use appropriate language? Do they use inappropriate language?



Can they use gestures/ body language appropriately?

Do they become anxious in social settings?

Section 12 Fits/ seizures/ black-outs

Does your child experience any of the above?

Does your child lose consciousness?

Has your child ever been injured because of a seizure/ fit or black-out?

Do they become aggressive or confused?

Do you have to administer medication?

Do you have to change their clothes?



Is your child incontinent?

How long does a seizure last? How long do you supervise them after or do they frequently need to go to hospital?

Section 13 - How you supervise your child?

Does your child have difficulty recognising dangers?

Does your child struggle if their routine changes?

Does your child behave dangerously towards others?

Do they self-harm?

Do they have a physical disability which requires you to help him/her stay safe?



Do you constantly have to supervise your child to ensure they are safe?

Section 14 - Does your child need extra help with their development?

Has your child got a developmental delay?

Physical?

Sensory?

Learning?

Social?

Play?

Does your child play obsessively or repeatedly?

Does your child dominate play?

Do they need extra help to gain new skills?

Do they need someone to facilitate/ supervise play?



Do they have a lack of danger awareness?

Section 15 - Does your child need extra help with their development

Does your child need help going to the toilet?

Does your child safely move between lessons?

Does your child need extra help communicating?

Does your child need extra help learning?

What is your child's behaviour like at school?

Is your child in a specialist school?

Do they need a safe space whilst at school/ nursery?



Do they have 1:1 support or group work?

Do they need any aids whilst at school/ nursery?

Section 16 - Hobbies/ activities?

What activities does your child participate in? Why do they do that activity?

What activities would your child like to do?

Does your child require 1:1 support when they attend the activity?

Does your child have to attend SEN sessions?

Does your child need prompting to attend the sessions?

Do you need to stay at the session whilst other parents don't?



Section 17 - During the night

The help/ supervision your child requires during the night- (please note “night” is when the parent would like to go to bed not when the child does)

Is your child able to get into/ out of bed without support?

Do you need to support your child with toileting, pads, change of sheets throughout the night?

Do you need to give therapy or meds during the night?

What time does your child go to sleep? Do you have to supervise them until they sleep?

Do they wake up very early? If so, do you have to get up very early?



Do you need to watch them to keep them safe?

Do they wander around?

Do they have behaviour issues during the night?

