Disability Tax Credit Questionnaire

Speaking	Is your child unable to speak, or do they take at least three times longer to be understood than a child of a similar age? **If yes, Complete Part A**
Walking	Is your child unable to walk, or do they take at least three times longer to walk than a child of a similar age **due to physical limitations**? **If yes, Complete Part B**
Elimination	Is your child completely unable to manage bowel/bladder functions compared to a child of a similar age? **If yes, Complete Part C**
Feeding	Is your child completely unable to feed themselves as expected for a child of a similar age? **If yes, Complete Part D**
Dressing	Is your child unable to dress themselves, or do they take at least three times longer to dress than a child of a similar age **due to physical limitations**? **If yes, Complete Part E**
Mental Functions	Is your child unable to perform tasks involving mental functions at a level expected for a child of a similar age who does not have impairments? **If yes, Complete Part F**

Part A
Speaking

Is sign language your child's primary means of communicating? Yes / No

If so, as of what year did this begin? Year: _____

Does your child take medication to aid in their speaking limitation? Yes / No

Does your child use a device to aid in speaking? **Circle all that apply:**

Communication Board Speech generating device

Voice amplifier Other: _____

Does your child receive therapy to aid in speaking? **Circle all that apply:**

Behaviour Therapy Speech Therapy

Factors that affect your child's ability to speak - **Circle all that apply:**

Inability to speak Stutter Articulation

Impaired ability to be understood without repetition

Vocal sound issues (Hoarse/quiet voice)

Selective Mutism Other: _____

Frequency of these factors impacting speaking:

	Always	Often	Sometimes	Never
Severity:	Severe	Moderate	Mild	None

Part B Walking

Is your child confined to a bed or wheelchair at all times? Yes / No

Does your child take medication to aid in their walking limitation? Yes / No

Does your child use a device to aid in walking? **Circle all that apply:**

Braces Cane Crutches Gait Trainers
Orthotics Scooter Walker Wheelchair
Other: _____

Does your child receive therapy to aid in walking? **Circle all that apply:**

Chiropractic Massage Oxygen
Occupational Therapy Physiotherapy Other: _____

Does your child need assistance from another person to walk? Yes / No

Type of assistance: _____

If yes, how often? _____

Factors that affect your child's ability to walk - **Circle all that apply:**

Fatigue Balance Coordination
Impaired gait Range of motion
Muscle weakness Pain
Shortness of breath Other: _____

Frequency and severity of these factors impacting walking:

Frequency:	Always	Often	Sometimes	Never
Severity:	Severe	Moderate	Mild	None

Part C Elmination

Is catheterization required for patient to manage bladder function? Yes / No

Factors affecting your child's ability to manage elimination - **Circle all that apply**

Chronic diarrhea Encopresis/Poop Accidents Inability to wipe (>6 yrs)
Enuresis/Pee Accidents Urgency/Abnormal bowel movements
(Nighttime wetting NOT included)

Part D Feeding

Is tube feeding the child's only method of feeding themselves? Yes / No

Factors affecting your child's ability to feed themselves - **Circle all that apply**

G-tube feeding NG tube feeding
Oral Aversion Unsafe swallowing

Part E Dressing

Does your child take medication to aid in their dressing limitation? Yes / No

Does your child use a device to aid in dressing? **Circle all that apply:**

Button Hook Dressing Stick Leg Lifter
Shoe horn Stocking Aide Other: _____

Does your child receive therapy to aid in dressing? **Circle all that apply:**

Chiropractic Massage OT Physiotherapy Other: _____

Does your child need assistance from another person to dress? Yes / No

If yes, how often? _____

Factors that affect your child's ability to dress - **Circle all that apply:**

Fatigue Dexterity Balance Coordination
Muscle weakness Range of motion
Shortness of breath Pain Other: _____

Dressing (Continued)

Frequency and severity of these factors impacting dressing:

Frequency:	Always	Often	Sometimes	Never
Severity:	Severe	Moderate	Mild	None

Part F Mental Functions

Does your child take medication to help perform mental functions? Yes / No

How effective is the medication in treating their condition (in your opinion)?

Effective Moderate Mild Ineffective Unsure

Does your child use devices to assist in mental functions? **Circle all that apply:**

Assistive Technology Locator/GPS Memory Aids Service Dog

Safety Devices Other: _____

Does your child receive therapy to aid in their mental functions?

Behaviour Therapy OT Other: _____

Psychology ADHD Coach

Does your child need 1-1 supervision or support to function? **Circle all that apply:**

At Home At School

Describe your child's limitations in the following categories:

Adaptive Functioning:

In your opinion - Please provide specific examples for each category that applies:

Please use space at end if not enough space for examples provided below

Ability to adapt to change

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Abiity to express basic needs

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to go out in the community

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to initiate simple transactions

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to perform basic hygiene and self care

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to complete necessary everyday tasks

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Attention:

Awareness of danger/risks to safety

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Basic impulse control

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Concentration:

Ability to focus on a simple task for any length of time

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to absorb and retrieve information in short term

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Goal Setting:

Ability to make and carry out simple day to day plans

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to self direct to begin tasks

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Judgment:

Ability to choose weather appropriate clothing

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to make decisions about their own treatment and welfare

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to recognize risk of beign taken advantage of by others

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to understand consequences of actions and decisions

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Memory:

Ability to remember basic information eg date of birth, address

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to remember material of importance and interest to themselves

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to remember simple instructions

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Perception of reality:

Ability to understand reality

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to distinguish reality from delusions/hallucinations

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Problem Solving:

Ability to identify everyday problems

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to implement solutions to simple problems

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Regulation of behaviour and emotions:

Ability to behave appropriately for the situation

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to demonstrate appropriate emotional responses to a situation

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to regulate mood to prevent risk of harm to self/others

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Verbal and nonverbal comprehension

Ability to understand and respond to nonverbal information and cues

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Ability to understand and respond to verbal information

No Limitation	Some Limitation	Very Limited Capacity

Examples _____

Comments or space for more examples of day to day challenges related to the questions listed above:

_____

_____

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