

SCHOOL NEEDS CHECKLIST

Parents: Together with your child, fill out this checklist. It will help determine which accommodations are needed at school. You also can discuss the responses with your child’s doctor before he or she prepares the school letter.

Teachers: Here are some of the issues that may affect your student’s performance at school.

Place an **A = always** **S = sometimes** **N = never** **NA = does not apply to me** in the box next to each statement.

Name: _____ Date: _____

Getting Ready for School

- I can get out of bed without any help and without holding on to anything.
- It takes me less than 30 minutes to feel good after I get up in the morning.
- I must take a long, warm bath or shower to loosen up in the morning.
- I can go up and down the stairs when I first get out of bed.
- I can dress myself and put my shoes and socks on quickly in the morning.
- I have a lot of pain in the morning before I go to school.
- I need to bring splints, crutches, a cane or a wheelchair to school to help me during the day.
- I go to school later in the day than the other kids because of my arthritis.
- I take medication for my arthritis before I go to school.

Going to School

- I can walk to school or the school bus stop without any difficulty or help.
- Waiting for the school bus is easy.
- I can get into the school bus without any difficulty.
- I need my parents to drive me to school or I take special transportation provided by the school.

Activities at School

- I need help dressing or undressing at school.
- I can go up and down the stairs without any difficulty.
- I can use the elevator by myself without any difficulty.
- I need to get up and walk around in the classroom periodically to avoid stiffness.
- I can carry my lunch tray.
- I can open my beverages without help.
- I can cut up my food.
- I need to take arthritis medication at school.
- I get embarrassed when I have to go to the school nurse.
- I can use the bathroom by myself without any difficulty.
- I find it difficult to write quickly.
- I find it difficult to write for long stretches of time.
- I find it difficult to hold my pen or pencil.
- I find it difficult to write on the chalkboard.
- I find it difficult to use scissors.
- It is difficult to raise my hand in class.
- I find coloring difficult.
- I find painting difficult.
- I get tired at school and want to rest.

Activities at School (continued)

- I'm afraid that some of the other kids will accidentally knock me over.
- I get frustrated because I can't always keep up with the other kids.
- I find it difficult relating to the other kids at school.
- I would like the other kids in my classroom to know I have arthritis and how it affects me.
- I find it difficult to participate in regular gym activities.
- Playing outside in cold weather is a problem for me.
- Playing in the sun is a problem for me.
- I need to protect my hands from the cold.
- I get teased at school.
- I need water throughout the day.
- I need to use the bathroom often.
- I need to go to the school nurse often.

I find it difficult to:

- run
- jump
- hop
- skip
- play soccer
- play basketball
- play volleyball
- play contact sports
- other _____

After-school Activities

- I need to take a nap or a rest period when I get home from school.
- I can finish all of my homework every night without difficulty.
- I cannot get through the school day and must go home early.

The type of arthritis I have is: _____

I developed arthritis in (year) _____, when I was _____ years old.

I currently have an IEP (Individualized Education Plan)

- Yes No

I currently have a 504 plan

- Yes No

I get physical therapy at school.

I get occupational therapy at school.

I take a rest period at school.

I missed _____ days of school during the school year _____ because of my arthritis.