

## School Needs Checklist

You and your child can work together on this checklist. Depending on age, your child may be able to answer the questions independently. It can give her teacher a good idea of your child's strengths and weaknesses. It can also help inform your 504 plan and the accommodations needed.

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

### 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 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 fully 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 to help me during the day.
- 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 may need help dressing or undressing at school.
- I can go up and down the stairs quickly at school without any difficulty.
- I can use the elevator at school by myself with any difficulty.
- I need to get up and walk around in the classroom because of stiffness or pain.
- I can carry my own lunch tray.
- I can open my milk carton.
- I need to take my arthritis medication at school.
- I get embarrassed when I have to go to the school nurse.
- I can use the bathroom by myself at school without any difficulty.
- I find it difficult to write quickly.
- I need more time than the other kids to take exams or complete homework because of my arthritis.
- I find it hard to hold my pen or pencil.
- I find it hard to write on the chalkboard.
- I find it hard to use scissors to cut.
- It is hard to raise my hand in class because of my arthritis.
- I find coloring difficult.
- I find painting difficult.
- I get so tired at school, I want to rest.

**ACTIVITIES AT SCHOOL (CONTINUED)**

- I'm afraid that some of the other kids will 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 as long as they don't treat me differently.
- I find it difficult putting on or taking off my gym clothes.
- I find it hard participating 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 physical therapy at school.
- I get occupational therapy at school.
- I take a rest period at school.
- I get teased at school.

**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:**

- |  |   |
|--|---|
| <input type="checkbox"/> juvenile idiopathic arthritis             | <input type="checkbox"/> polyarthritis          |
| <input type="checkbox"/> systemic juvenile arthritis               | <input type="checkbox"/> dermatomyositis        |
| <input type="checkbox"/> scleroderma (systemic sclerosis)          | <input type="checkbox"/> hypermobility syndrome |
| <input type="checkbox"/> systemic lupus erythematosus (SLE, lupus) | <input type="checkbox"/> spondyloarthropathy    |
| <input type="checkbox"/> psoriatic arthritis                       | <input type="checkbox"/> other _____            |

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

I currently have an IEP (Individualized Education Plan)

- Yes  No

I currently have an 504 plan

- Yes  No

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