



Company No 6810910

K T M CARE LTD

**ASSESSMENT
of
NEED**

Head Office
Lodge House
Lodge Park, Lodge Lane
Langham, Colchester
Essex
CO4 5NE

Telephone: Colchester (01206) 233196
Fax: Colchester (01206) 233197
Email : info@ktmcare.co.uk
Website : www.ktmcare.co.uk

ASSESSMENT OF NEED

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**KTM CARE LTD
INDIVIDUAL CARE - ASSESSMENT OF NEED**

First Name (s)
Surname
Known as
Address
.....
..... Post Code
Telephone Number Mobile
Date of Birth Age
Gender Male / Female (delete as appropriate)
Ethnicity Religion
NI Number NHS Number
Next of Kin
Relationship Contact Number
Sibling Sibling
Sibling Sibling
Advocate Contact Number

Diagnosis
Date of Diagnosis
Diagnosed by
Professional Status

Medication / Allergies
.....

Please provide a photograph if agreeable to applicant Yes / No (please delete as appropriate)
--

Date Assessment completed
Person(s) completing assessment
..... Name Signature
..... Name Signature

PROFESSIONAL INVOLVEMENT

GENERAL PRACTITIONER

Name

Address

Telephone Number

Mobile Number

Email

Permission to contact

Yes

No

EDUCATION PROVISION

Name

Address

Telephone Number

Mobile Number

Email

Permission to contact

Yes

No

SPEECH THERAPIST

Name

Address

Telephone Number

Mobile Number

Email

Permission to contact

Yes

No

SOCIAL WORKER

Name

Address

Telephone Number

Mobile Number

Email

Permission to contact

Yes

No

RESPITE PROVISION

Name

Address

Telephone Number

Mobile Number

Email

Permission to contact

Yes

No

PSYCHIATRIST

Name

Address

Telephone Number

Mobile Number

Email

Permission to contact

Yes

No

OCCUPATIONAL THERAPIST

Name

Address

Telephone Number

Mobile Number

Email

Permission to contact

Yes

No

PSYCHOLOGIST

Name

Address

Telephone Number

Mobile Number

Email

Permission to contact

Yes

No

HEALTH and GENERAL FITNESS

Is the Individual diagnosed as having any other mental health condition or experience any of the following ?

			Additional Comments
Aggression	Yes	No	
Anxiety	Yes	No	
Delusions	Yes	No	
Depression	Yes	No	
Fears	Yes	No	
Hallucinations	Yes	No	
Mood Swings	Yes	No	
Phobias	Yes	No	
Schizophrenia	Yes	No	

Have mental health problems been investigated as possible cause of behaviour disorder ?

Yes No

Additional Comments

If 'No' should this be considered ?

Yes No

Is the Individual currently being assessed ?

Yes No

Has there been any contact in the last six months from Consultant or other Professional ?

Yes No

OTHER DISORDERS and CONDITIONS

Additional Comments

Does the Individual have any visual impairment ?

Yes No

Does the Individual have any physical speech impairment ?

Lisp Yes No

Stammer Yes No

Cleft Palate Yes No

Does the Individual have any Hearing impairment ?

Yes No

Does the Individual have any other identified disability ?

Downs Syndrome Yes No

Cerebral Palsy Yes No

Tuberous Sclerosis Yes No

Diabetes Yes No

Additional Comments

Multiple Personality Disorder ? Yes No

Tourettes Syndrome ? Yes No

Seizures ? Yes No

Is the Individual aware of ?

Onset of Seizures ? Yes No

How would they communicate this ?

What are the warning signs ?

Frequency Yes No

Duration Yes No

How does the Individual react after a seizure ?

Does the individual have the ability to describe if they feel unwell ?

 Yes No

MEDICAL INFORMATION

Height ? feet inches **Weight ?** stones pounds

Menstrual Cycle ? Comments

Are there any known allergies or reactions to medication ?

 Yes No Comments

Date of last Medication Review ? Date

Date of last Tetanus Injection ? Date

What support is required for Medical Examinations ?
.....

Have there been any hospital admissions due to serious illness or injury ?

.....

Additional Comments

Date of last Dental Check up ? Date

Date of last Eye Test ? Date

Are there any racial or cultural needs to be met before medical care is offered ?

Blood Transfusion Yes No

Vaccination Yes No

Are there any other health concerns not previously mentioned ?

Dietary Yes No

Nutrition Yes No

Has the individual been screened for ?

Cervical Yes No

Breast Yes No

Testicular Yes No

Abnormal Yes No

GENERAL FITNESS

Does the individual have any motor skills or co-ordination problems ?

Additional Comments

Yes No

Is the individual able to walk by themselves ?

Yes No

Additional comments

Does the individual need physical assistance ?

Yes No

Does the individual require any disability equipment ?

Yes No

Are there any implications to the establishment ?

Yes No

Does the individual enjoy physical activities ?

Yes No

Does the individual have any particular likes or dislikes ?

Yes No

Does the individual demonstrate gestures or mannerisms that may lead to future physical problems ?

Odd Gait Yes No

Tiptoe Walking Yes No

Hand – Flapping Yes No

Are opportunities for physical activities currently available ?

Yes No

Is the individual knowledgeable about their own body ?

Yes No

Has the individual received Sex Education ?

Yes No

If so, what is their understanding of this ?

Comments



INFORMATION SOURCE

What level of support is necessary to enable the individual to achieve independence in the following areas ?

Task	Independently	Verbal Prompts	Physical Prompts	Picture Prompts	Full Support Needed
Appropriate Dressing					
Bathing					
Brushing Teeth					
Continence					
Dressing					
Feeding					
Hair Washing					
Shaving					
Showering					
Toileting					
Washing					

RACIAL and CULTURAL CUSTOMS

Are there any racial or cultural customs which may need same sex carers ?

Additional Comments

Yes No

In relation to cultural needs are there any implications in relation to ?

Establishment Yes No

Food Yes No

Personal Hygiene Yes No

Religion Yes No

LANGUAGE and COMMUNICATION

Additional Comments

What is the preferred method of Communication ?

Calendars	Yes	No
Gestures	Yes	No
Objects of reference	Yes	No
Photographs	Yes	No
Sign	Yes	No
Speech	Yes	No
Symbols (TEACCH / Pecs)	Yes	No
Writing	Yes	No

How does the individual indicate their wants or needs ?

How does the individual use expressive communication ?

Ability to hold reasonable conversation	Yes	No
Echolalia	Yes	No
Not at all	Yes	No
Own experiences	Yes	No
Own immediate needs only	Yes	No

How easy is it to understand the individual ?

Are special skills or experiences required to interpret ?

Signs	Yes	No
Sounds	Yes	No

Additional Comments

Is the content of speech / language ?

Appropriate	Yes	No
-------------	-----	----

Confused	Yes	No
----------	-----	----

Garbled	Yes	No
---------	-----	----

Can particular gestures or sounds mean certain things ?

Does the individual make up their own words or meanings for words ?

	Yes	No
--	-----	----

Does the individual use repetitive speech ?

	Yes	No
--	-----	----

Is the individual able to manage tone and volume of speech ?

	Yes	No
--	-----	----

Does the individual interpret communication in literal way "It's raining cats and dogs" ?

	Yes	No
--	-----	----

Can the individual interpret ?

Body Language	Yes	No
---------------	-----	----

Facial Expression	Yes	No
-------------------	-----	----

Tone of Voice	Yes	No
---------------	-----	----

Can the individual understand ?

Humour	Yes	No
--------	-----	----

Slapstick	Yes	No
-----------	-----	----

Subtle Jokes	Yes	No
--------------	-----	----

Does the individual require time to process information ?

Yes No

Additional Comments

Is the individual's speech better than their understanding of language ?

Yes No

Is a recent Speech & Language Therapy Assessment available ? If yes please provide a copy

SOCIAL INTERACTION

Does the individual enjoy communicating with other people ?

Yes No

Additional Comments

Does the individual share interests with other people ?

Yes No

If the individual comfortable with having other people around ?

Yes No

How does the individual interact with ?

Family Yes No

Peers Yes No

Staff Yes No

Is there any change of behaviour when talking to different groups people ?

Yes No

Can the individual differentiate between known and unknown people ?

Yes No

Will they join in ?

Actively Yes No

Passively Yes No

Does the individual seek company ?

Yes No

Additional Comments

How does the individual demonstrate ?

Anger Yes No

Displeasure Yes No

Pleasure Yes No

Does the individual like physical contact ?

Yes No

Does the individual demonstrate any idiosyncratic ways of making social approaches ?

Yes No

Does the individual understand different types of relationships ?

Carer Yes No

Friend Yes No

Ability to differentiate between age groups ?

Babies Yes No

Boys Yes No

Girls Yes No

Men Yes No

Women Yes No

Does the individual prefer to be with ?

Adults Yes No

Children Yes No

Females Yes No

Males Yes No

Additional Comments

Are their expectations of relationships realistic ?	Yes	No
Is the individual sensitive to other peoples needs ?	Yes	No
Do large groups of people make the individual anxious ?	Yes	No
IMAGINATIVE ABILITY		
Is the individual interested in ?		
Books / Comics	Yes	No
Computer games	Yes	No
Current events	Yes	No
Films	Yes	No
Internet	Yes	No
Music	Yes	No
Plays	Yes	No
Stories	Yes	No
Is the individual sympathetic towards others problems ?	Yes	No
Does the individual like ?		
Animals	Yes	No
Do they recognise they have feelings ?	Yes	No
Are they concerned for them ?	Yes	No
Can the individual transfer skills from one setting to another ?	Yes	No

Additional Comments

Can the individual follow simple sequential process ?

“What happens next” ?	Yes	No
-----------------------	-----	----

Can the individual think ahead ?

Yes	No
-----	----

How does the individual cope with unexpected changed ?

Does the individual understand the consequences of their actions and the impact it has on others ?

Yes	No
-----	----

BEHAVIOUR DISORDERS

Does the individual have any behaviour problems in relation to the following ?

Colour	Yes	No
--------	-----	----

Crowds	Yes	No
--------	-----	----

Drink	Yes	No
-------	-----	----

Food	Yes	No
------	-----	----

Gender	Yes	No
--------	-----	----

Noise	Yes	No
-------	-----	----

Over activeness	Yes	No
-----------------	-----	----

Physical Aggression	Yes	No
---------------------	-----	----

Retrieve Touch	Yes	No
----------------	-----	----

Self Injurious behaviour	Yes	No
--------------------------	-----	----

Smell	Yes	No
-------	-----	----

Stripping	Yes	No
-----------	-----	----

Taste	Yes	No
-------	-----	----

Additional Comments

Temperature	Yes	No
Touch	Yes	No
Traffic	Yes	No
Weather	Yes	No

Does this individual present with any of the following behaviours ?

Abscond if unsupervised	Yes	No
Eats rubbish	Yes	No
Destruction of objects	Yes	No
Inappropriate Sexual behaviour		
Physical	Yes	No
Verbal	Yes	No
Naïve behaviour leading to :		
Police action	Yes	No
Over eating	Yes	No
Smears	Yes	No
Spits	Yes	No
Swearing	Yes	No
Throwing objects	Yes	No
Twiddling	Yes	No
Vomits	Yes	No

Any other please specify

Does the individual display any Stereotyped behaviour in relation to ?

BODY MOVEMENTS	FREQUENTLY	OCCASIONALLY	NOT AT ALL
Flapping hands or arms			
Jumping with excitement			
Rocking (sitting or standing)			
Spinning			
Other			

UNUSUAL RESPONSE TO NOISE	FREQUENTLY	OCCASIONALLY	NOT AT ALL
Fascination to sound			
Over sensitivity to sound			
Other			

UNUSUAL VISUAL RESPONSE	FREQUENTLY	OCCASIONALLY	NOT AT ALL
Bright lights			
Interested in watching things spin			
Shiny objects			
Studying angles or objects			
Twisting objects near eye			
Other			

UNUSUAL SENSORY STIMULATION	FREQUENTLY	OCCASIONALLY	NOT AT ALL
Flicking or twiddling of objects			
Mouthing objects			
Over sensitivities to certain textures			
Tapping			
Other			

ROUTINES AND RESISTANCE TO CHANGE	YES	NO	COMMENTS
Clinging to special objects			
Dislike to change in daily routine			
Fascination for certain objects or parts of objects			
Food fads			
Invented routines			
Special interests			
Unusual or bizarre fears			
Other			

EDUCATION

Additional Comments

Has there ever been a Statement of Educational needs ?

Yes No

Are there any continuing Educational needs ?

Yes No

Was there a transitional plan ?

Yes No

Additional Comments

Does the individual currently attend :

College	Yes	No
---------	-----	----

Day Service	Yes	No
-------------	-----	----

Other educational facilities	Yes	No
------------------------------	-----	----

READING :

Looks at pictures in books	Yes	No
----------------------------	-----	----

Matches words to :

Pictures / Symbols	Yes	No
--------------------	-----	----

Reads on own initiative	Yes	No
-------------------------	-----	----

Recognises own name in print	Yes	No
------------------------------	-----	----

Recognises social signs :

Exit	Yes	No
------	-----	----

McDonalds	Yes	No
-----------	-----	----

Supermarket	Yes	No
-------------	-----	----

Toilet	Yes	No
--------	-----	----

WRITING :

Can copy write	Yes	No
----------------	-----	----

Can write own name	Yes	No
--------------------	-----	----

Can write over words	Yes	No
----------------------	-----	----

Write a few single words independently	Yes	No
--	-----	----

Can write a diary / shopping list or short letter using symbols or words	Yes	No
--	-----	----

Produce written work without assistance	Yes	No
---	-----	----

NUMERACY :**Additional Comments**

Can recite numbers in sequence without understanding	Yes	No
--	-----	----

Can perform simple addition or subtraction calculations	Yes	No
---	-----	----

Demonstrates 1 : 1 correspondence i.e. 1 cup to 1 saucer	Yes	No
--	-----	----

No skills in this area	Yes	No
------------------------	-----	----

MONEY SKILLS

Can make small purchases at shop if accompanied	Yes	No
---	-----	----

Can make small purchase without supervision and understands correct money	Yes	No
---	-----	----

Carry out transactions without Supervision if given the correct money	Yes	No
---	-----	----

Recognises coins at face value "Show me the 2p"	Yes	No
---	-----	----

No concept of money	Yes	No
---------------------	-----	----

TIME

No understanding of the concept and passage of time	Yes	No
---	-----	----

Relies on cues from the environment for lunch time, home time, bed time, etc	Yes	No
--	-----	----

Simple understanding of :

Past	Yes	No
------	-----	----

Future	Yes	No
--------	-----	----

Understands Morning	Yes	No
---------------------	-----	----

Afternoon	Yes	No
-----------	-----	----

Evening	Yes	No
---------	-----	----

INDEPENDENCE**Additional Comments****Does the individual have any understanding of danger towards the following ?**

Falling from heights	Yes	No
----------------------	-----	----

Full understanding of social dangers :

Drinking in pubs	Yes	No
------------------	-----	----

Inappropriate sexual conversations	Yes	No
------------------------------------	-----	----

Inappropriate sexual behaviour	Yes	No
--------------------------------	-----	----

Public display of any monies	Yes	No
------------------------------	-----	----

Talking to strangers	Yes	No
----------------------	-----	----

Hot	Yes	No
-----	-----	----

Sharp	Yes	No
-------	-----	----

Traffic	Yes	No
---------	-----	----

Can the individual ?

Travel to neighbouring town	Yes	No
-----------------------------	-----	----

Walk around local area alone	Yes	No
------------------------------	-----	----

Does the individual need ?

Constant supervision	Yes	No
----------------------	-----	----

Need constant supervision during daytime and moderate supervision at night ?	Yes	No
--	-----	----

Live with minimal supervision	Yes	No
-------------------------------	-----	----

Live without supervision	Yes	No
--------------------------	-----	----

ADVOCACY**Additional Comments****Can individual advocate for themselves ?**

Yes	No
-----	----

Additional Comments

Does the individual have an Advocate who understands Autism ? Yes No

Does the individual have an awareness of their rights and associates responsibilities ? Yes No

In what areas is the individual vulnerable ?

Does the individual require support with financial matters ?

Daily Yes No

Weekly Yes No

VOCATIONAL INTERESTS

Additional Comments

Is the individual involved in work related activities ? Yes No

Has the individual any particular skills or interests ? Yes No

Is it possible for the individual To pursue these skills or interests ? Yes No

If not what support is needed to enable the individual to do so ?

Has it been or would it be possible to use the individual's interests to develop skills ? Yes No

RECREATION and LEISURE

Additional Comments

Please attached any current timetable ? Yes No

Are there any other recreational leisure pursuits enjoyed by the individual to be explored Yes No

What activities does the individual enjoy ?

Are current activities meaningful and varied ? Yes No

Would the individual enjoy activities to alleviate and reduce stress and anxiety ? Yes No

What activities does the Individual enjoy which involves socialising with others ?

Are there any ethnic or cultural requirements that need to be considered when devising individual timetables ? Yes No

FINANCIAL INFORMATION

Please tick the following boxes if in receipt of Welfare Benefits

Disability Living Allowance			
Care component	Low	Middle	High
Mobility component	Low		High

Income Support

Employment and Support Allowance

Incapacity Benefit

Severe Disablement Allowance

Housing Benefit

Council Tax Benefit

Is anyone in receipt of Carer's Allowance for the individual

Does the individual having savings over £16,000 Yes No

ADDITIONAL COMMENTS

Name of individual

PLEASE SIGN TO CONFIRM THAT THIS IS A TRUE DECLARATION OF THE NEEDS OF THE ABOVE NAMED AND ANY INFORMATION THAT HAS BEEN WITHHELD COULD RESULT IN THE TERMINATION OF CONTRACT WITH KTM CARE LTD

Signed
Parents

Print Name

Date

Signed
Social Worker

Print Name

Date

Signed
Registered Manager of KTM Care Ltd

Print Name

Date