

AdaptAbilities Questionnaire

Please use this rating scale for the first three questions:

- 1- very comfortable
- 2- somewhat comfortable
- 3- open to exploring
- 4- would not be willing to do

1. Please rate your comfort level with following categories of special needs.

Rating

- _____ Physical i.e. Cerebral Palsy
- _____ Mental illness i.e. Depression, suicide
- _____ Behavioural i.e. Oppositional defiant disorder
- _____ Emotional i.e. Low self-esteem, high anxiety
- _____ Cognitive i.e. Down syndrome, Brain injury

Note many children have a combination of special needs and will fall into more than one category.*

2. Please rate your comfort level with personal care.

Rating

- _____ Assisting with Feeding
- _____ Assisting with Bathing
- _____ Assisting with Toileting – toddlers _____ Male _____ Female
- _____ Assisting with Toileting – all ages _____ Male _____ Female
- _____ Medical (g-tubes)
- _____ Full personal care needs i.e.) lifting, bathing, feeding, toileting

3. Please rate your comfort level with the following ages of children.

Rating

- _____ 0-2 _____ 2-4 _____ 5-8 _____ 9-12 _____ 13-17

4. Is there a particular disability you would like to gain further experience with?
5. Are you comfortable working simultaneously with two children with special needs?
6. Are you comfortable working with a child with special needs who has a sibling without special needs?
7. What languages do you speak fluently?
8. Do you have any allergies that we should be aware of when deciding on an appropriate placement?
9. Do you smoke? (some children have smoke allergies or obsessions with cigarettes)
10. Is there anything you would like to add?