

Child's Forename

Child's Surname

Child's Gender

Child's Date of Birth

Parent / Guardian A Forename

Parent / Guardian A Surname

Parent / Guardian A Telephone Number

Parent / Guardian A E-Mail Address

Parent / Guardian B Forename

Parent / Guardian B Surname

Parent / Guardian B Telephone Number

Parent / Guardian B E-Mail Address

Family Home Address

Have you applied to any other Assistance Dog organisation(s)?

If so, please list the other Assistance Dog organisation(s) you have applied to.

Is there a confirmed diagnosis of autism?

At what age was the diagnostic assessment for autism undertaken?

Do you have a multidisciplinary report for your child showing a diagnosis of autism? (You will be prompted to send a copy of this report via email at the end of this form).

Does your multi-disciplinary report *recommend* that your child attends an ASD unit or specialised school?

Are your child's key care professionals aware of this application? Key care professionals include Occupational Therapists, Speech & Language Therapists, Psychologists, GPs, etc. Irish Guide Dogs for the Blind encourage all prospective applicants to make the above aware of the application for an Assistance Dog, and to discuss with these professionals some of the implications for their child's long-term care and support."

Does your child have an intellectual or physical disability?

If so, please list the disability / disabilities.

Is your child in receipt of or on a waiting list for other services?

If so, please list the waiting lists.

Please describe how Autism affects your child?

Is your child a flight risk?

How does your child cope in a busy environment?

- Yes, no

Does your child use a buggy?

What is your child's current activity level?

- High, moderate, low

How would you describe your child's balance?

- Very good, good, fair, poor

How would you describe your child's speech level?

- Verbal or non-verbal

How does your child communicate?

What is your child's sensitivity to sound?

- Low, moderate, high, extreme

What is your child's sensitivity to touch?

- Low, moderate, high, extreme

How would you describe your child's physical strength?

- Very strong, strong, moderate, weak, very weak

How does your child deal with frustration or anger?

What are your expectations of having an Assistance Dog in the house?

Does your child like dogs?

Does your child have any other co-existing medical conditions (e.g. asthma, diabetes, allergies, epilepsy, etc. )?

If so, please give details..

What type of school does your child attend?

Name of School

How many children are in your family?

What are the ages of other children in your family?

Does any other family member have a disability?

If so, please give details of the disability.

Is there anyone in your family who dislikes or is fearful of dogs?

If so, please give details.

Does anyone in the family have an allergy to dogs?

If so, please give details.

Is there any other medical or health information we should be aware of in relation to either parent or guardian? If so, please give details.

As part of the assessment process, we will request that the whole family accompany the applying child for all assessments. Is this possible for you and your family? If not, please give details.

What type of home do you live in?

Do you have the owner's permission to have a dog live inside the home?

Who will be the main contact during the Application process?

- Parent /Guardian A, Parent/Guardian B

Parent / Guardian A - What level of confidence do you have with dog care and behaviour?

Parent / Guardian B - What level of confidence do you have with dog care and behaviour?

Are you able to provide the time and finance to maintain an Assistance Dog?

Do you currently have a dog? If so, please give details.

Do you currently have any other pets? If so, please give details.

Do you currently have a veterinary practice you use? If so, please give the veterinary practice's name.