

Checklist – is my child disabled?

You may find this checklist helps you to identify whether or not your child is likely to be covered by the definition of disability in the DDA. If you can tick at least one option inside each of the three boxes, can offer a reason for the effect being 'substantial' (i.e. more than minor or trivial), your child may well be covered.

Tick here

Does he have:	
A physical impairment	<input type="checkbox"/>
A mental impairment	<input type="checkbox"/>
Is his mental impairment a mental illness?	<input type="checkbox"/>

My child's impairment is _____

My child's impairment has an adverse effect on his:	
Mobility	<input type="checkbox"/>
Manual dexterity	<input type="checkbox"/>
Physical co-ordination	<input type="checkbox"/>
Continence	<input type="checkbox"/>
Ability to lift, carry or otherwise move everyday objects	<input type="checkbox"/>
Speech, hearing or eyesight	<input type="checkbox"/>
Memory or ability to learn, concentrate or understand	<input type="checkbox"/>
Understanding of the risk of physical danger	<input type="checkbox"/>

I think the adverse effect is substantial because:

The effect:	
Has lasted more than 12 months	<input type="checkbox"/>
Is likely to last more than 12 months	<input type="checkbox"/>
Is likely to last for the rest of his life	<input type="checkbox"/>

I have the following medical evidence:
