Medical Needs Needs - Assessment Workbook

A printable workbook covering the eight-step Special Needs assessment scoped to medical needs needs. Fill it in on paper before completing the online assessment. Every question is optional and you can leave anything blank.

Step 1. Understand the Concern

Describe the medical concern you want to address (e.g. a chronic condition, allergy, medication, therapy, or upcoming procedure).

Roughly how long has this been a concern?

( ) Less than 3 months
( ) 3 to 12 months
( ) 1 to 3 years
( ) More than 3 years

This concern currently affects my child's daily life.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

How time-sensitive is this concern?

( ) Immediate / crisis
( ) Needs attention within weeks
( ) Longer-term planning
( ) Ongoing / stable

Step 2. Identify the Child's Current Needs

Which of the following describe your child's current needs? Select all that apply.

[ ] Chronic medical condition
[ ] Medication schedule
[ ] Allergies or dietary restrictions
[ ] Specialist appointments
[ ] Medical testing or procedures
[ ] Physical therapy
[ ] Occupational therapy
[ ] Nutritional or feeding support
[ ] Emergency-care plan
[ ] Health-insurance coordination
[ ] Medical-expense coordination

Are any of these additional areas also involved? Select all that apply, or leave blank.

[ ] Sleep or fatigue issues
[ ] Diet or nutrition
[ ] Sensory sensitivities
[ ] Mobility or motor skills
[ ] Social relationships
[ ] Family stress affecting the child
[ ] Financial coordination between homes
[ ] None additional
[ ] Other

Step 3. Review Professional Recommendations

Who is currently involved with this concern? Include every paediatrician, specialist, or therapist who has evaluated or is treating your child.

[ ] Paediatrician
[ ] Family physician

[ ] Specialist physician
[ ] Psychologist
[ ] Psychiatrist
[ ] Therapist or counsellor
[ ] Occupational therapist
[ ] Physical therapist
[ ] Speech-language pathologist
[ ] Teacher
[ ] School counsellor
[ ] IEP or 504 team
[ ] Case manager or care coordinator
[ ] No one yet

What does the most recent medical recommendation include? Select every category that applies.

[ ] Daily medication
[ ] As-needed / rescue medication
[ ] Ongoing therapy sessions
[ ] Diet, feeding, or nutrition plan
[ ] Follow-up testing or imaging
[ ] Referral to a specialist
[ ] Emergency-response plan
[ ] Home-care equipment or supplies
[ ] Lifestyle or activity guidance
[ ] Other

Do you have the recommendation in writing (report, plan, prescription, IEP, etc.)?

( ) Yes
( ) Partly
( ) No
( ) Unsure

I understand the current recommendations for my child.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

Step 4. Each Parent's Understanding

Both parents have received the same written information about this concern.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

Both parents attend key appointments, meetings, or evaluations.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

My co-parent and I can discuss this concern openly and calmly.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

My co-parent and I use the same words when describing the concern to our child.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

I believe my co-parent understands what our child is going through.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

Step 5. Coordination Between Homes

Daily routines that affect this concern (medication, bedtime, homework, therapy practice) are consistent across both homes.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

Professional recommendations are followed in both homes.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

My co-parent and I share updates about appointments, changes, and new information promptly.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

Supplies the child needs (medication, adaptive equipment, homework, comfort items) travel reliably between homes.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

Transitions and handoffs happen without disrupting the plan.

( ) 1 Strongly disagree ( ) 2 Disagree ( ) 3 Unsure ( ) 4 Agree ( ) 5 Strongly agree ( ) N/A

Step 6. Agreement and Disagreement

Where do you and your co-parent clearly agree on this concern?

Where do you and your co-parent see it differently?

Which type of gap best describes the disagreement?

( ) Different information
( ) Different priorities
( ) Different parenting styles
( ) Communication breakdown
( ) No meaningful disagreement

Step 7. Practical Co-Parenting Options

Select the practical options you would consider trying. You can pick more than one.

[ ] Shared calendar for medical appointments
[ ] Shared medication log (paper or app)
[ ] Pillbox or dispenser used consistently in both homes
[ ] Emergency-care instructions posted in both homes
[ ] Both parents added to the patient portal
[ ] Copy of prescriptions kept in each home
[ ] Shared travel supply (spare inhaler, EpiPen, etc.)
[ ] Alternating attendance at appointments
[ ] Both parents attend key appointments together
[ ] Third-party liaison (nurse, care coordinator)

Any additional cross-cutting options to consider?

[ ] Regular parent-only check-ins
[ ] Written communication log
[ ] Mediation for major decisions
[ ] Third-party parenting coordinator
[ ] Shared parenting app (OurFamilyWizard, TalkingParents, etc.)
[ ] Formal written co-parenting agreement
[ ] None additional
[ ] Other

Step 8. Create an Action Plan

What is the single most important thing to address in the next 30 days?

( ) Schedule the next professional appointment
( ) Refill medication or supplies
( ) Update the shared calendar or plan
( ) Align on daily routine between homes
( ) Have a difficult conversation with my co-parent
( ) Speak with a mediator or family professional
( ) Communicate with the child's school or provider
( ) Complete an evaluation or paperwork
( ) Other

When could you and your co-parent meet (or send a written proposal) to discuss this plan?

( ) This week
( ) Within 2 weeks
( ) Within a month
( ) Undecided

Which paediatrician, specialist, or therapist would be most useful to consult next?

( ) Paediatrician
( ) Specialist physician
( ) Allergist or dietitian
( ) Physical or occupational therapist
( ) Nurse care coordinator
( ) Emergency-care doctor
( ) Other
( ) No new professional needed

Do you have any concerns about the plan you would like to raise before finalising it?

( ) No concerns
( ) Concerns about my co-parent following the plan
( ) Concerns about cost or logistics
( ) Concerns about how our child feels about the plan
( ) Concerns about safety or communication
( ) Something else I want to flag

This workbook is for co-parent preparation and mediation. It is not legal, medical, or psychological advice, does not determine parental fitness, and does not diagnose. Complete the online assessment to receive your personalised 9-section polished report.