

Disability Tax Credit Information Questionnaire

Complete all fields to the best of your ability. Specific examples and details about the severity of impairment are very helpful

Does your child need 1:1 attention at school? Does your child have an educational assistant?

Does your child need more frequent reminders and prompts to get ready for school every day?

Does your child understand basic road safety rules? Does your child need 1:1 supervision for safety?

Can your child express what they need and want?

Can your child communicate with, and be understood by, you and kids their age? Does your child understand others?

Does your child have sleep problems? What are they?

Can your child play games with others kids or play an organized sport?

Is your child impulsive or have poor judgment?

Is your child on medication for the condition, and if so, what medication(s)? Have other medications been tried?
Does medication make a difference for your child?

List specific examples that your child struggles (e.g. getting dressed, toileting, walking, feeding by themselves)

If your child is older, can they be left on their own?

Additional information regarding your child's day to day difficulties