

Accessible Information and Communication Support Needs

Name:	DOB:
Date:	

1.	Do you have any accessible information or communication support needs	▼	Please select
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
			<input type="checkbox"/> Not yet assessed

2.	Does your carer have any accessible information or communication support needs	▼	Please select
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
			<input type="checkbox"/> Not yet assessed
			<input type="checkbox"/> Not applicable

If the answer is YES to either of these questions, please ask the questions overleaf.

Note:

‘Not yet assessed’ should be selected **only** where it has not been possible to assess the information and communication needs. For example because the service user was too unwell to complete the service user assessment questions.

‘Not applicable’ should be selected **only** where the service user does not have a parent or carer involved.

Name of service user:	DOB:
Name of carer:	Date:

1. Do you/you carer need any of the following specific contact methods? (note this is a need rather than a preference)

	Service user need	Carer need
Email	<input type="checkbox"/>	<input type="checkbox"/>
Telephone call	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>
Other (comment in box below)	<input type="checkbox"/>	<input type="checkbox"/>
No specific contact methods needed	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you/your carer need information to be given in a specific format

	Service user need	Carer need
Easy read information	<input type="checkbox"/>	<input type="checkbox"/>
16 point font size	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>
Audio format	<input type="checkbox"/>	<input type="checkbox"/>
BSL signed support	<input type="checkbox"/>	<input type="checkbox"/>
Other (comment in box below)	<input type="checkbox"/>	<input type="checkbox"/>
No specific information format needed	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you/your carer need support from a communication professional

	Service user need	Carer need
BSL interpreter	<input type="checkbox"/>	<input type="checkbox"/>
Deaf blind manual interpreter	<input type="checkbox"/>	<input type="checkbox"/>
Other (comment in box below)	<input type="checkbox"/>	<input type="checkbox"/>
No communication professional needed	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you/your carer need additional communication support

	Service user need	Carer need
Use pictures to support verbal conversations	<input type="checkbox"/>	<input type="checkbox"/>
Write down key information	<input type="checkbox"/>	<input type="checkbox"/>
Support person to use communication aid	<input type="checkbox"/>	<input type="checkbox"/>
Longer appointment	<input type="checkbox"/>	<input type="checkbox"/>
Parent/carer to be in the appointment	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>
Give additional time to understand information	<input type="checkbox"/>	<input type="checkbox"/>
Advocate to be in the appointment	<input type="checkbox"/>	<input type="checkbox"/>
Ensure environment allows easy lip reading	<input type="checkbox"/>	<input type="checkbox"/>
Audio (hearing) loop system	<input type="checkbox"/>	<input type="checkbox"/>
Other (comment in box below)	<input type="checkbox"/>	<input type="checkbox"/>
No communication support needed	<input type="checkbox"/>	<input type="checkbox"/>

5. Additional comments about information and communication needs