

Child's Name: _____
Date of Birth: _____

Additional Vulnerability Factors for children in Group Four
Please indicate by placing **X** in each category as appropriate

Respiratory Factors	Feeding Factors	Seizure Related Factors	Loco-motor Factors	Other Neurological vulnerability to consider
Frequent or increasing number of respiratory infections <input type="checkbox"/>	Gastrostomy <input type="checkbox"/>	Seizure activity requiring medication <input type="checkbox"/>	Spastic Quadriplegia/ Total body involvement <input type="checkbox"/>	Worsening Swallow, cough or gag reflex <input type="checkbox"/>
PICU admission for respiratory infection <input type="checkbox"/>	Jejunostomy/ Severe uncontrolled reflux <input type="checkbox"/>	Poor seizure control despite multiple AEDs <input type="checkbox"/>	Poor head control/ Fixed spinal curvature <input type="checkbox"/>	Severe visual impairment <input type="checkbox"/>
Continuous O2 or NIPPY Vent at home <input type="checkbox"/>	Losing weight due to feeding difficulties <input type="checkbox"/>	Frequent use of rescue medications (Daily) <input type="checkbox"/>	Difficulty maintaining sitting position <input type="checkbox"/>	VP Shunt in situ <input type="checkbox"/>
Tracheostomy or 24hr Ventilation <input type="checkbox"/>	Pain/Distress associated with feeding – progressive feed reduction <input type="checkbox"/>	Episodes of status epilepticus, requiring IV therapy and/or PICU <input type="checkbox"/>	Frequent pain and discomfort associated with positioning <input type="checkbox"/>	Severe Hypertonia/ Difficult spasms <input type="checkbox"/>

Children with more than Three Orange or Two Red are *likely* to be eligible