

2. Characteristic and Behavioral Statement

There is no right or wrong answer. This just lets our trainers determine how the service dog may best be able to assist the child.

Client/Child Mobility

Is mobility limited? Yes No

Does the child use a wheelchair? Yes No If so, electric or manual?

Does the child use any other mobility aides? Yes No What? _____

On a scale of 1 to 5 (one = poor to five = excellent) describe the child's:

Upper body strength	1	2	3	4	5
Range of motion	1	2	3	4	5
Grip strength	1	2	3	4	5
Dexterity	1	2	3	4	5

Will you want your dog to help support the child while they are walking or getting up? Yes No
If so, describe. _____

Is the child restricted in the use of hands or arms? Yes No
If yes, how so? _____

Is one side of the child's body stronger than the other? Yes No Left Right
On which side would you want the dog to work most of the time? Left Right
Why? _____

Does your child have spasms in the arms or legs? Yes No If so, how quickly do they pass? _____

Does your child bruise easily? Yes No

Could a dog put his front legs up on your child's lap without hurting him/her? Yes No

Is your child able to issue voice commands in a clear, audible voice? Yes No

Mark the most accurate box to describe the frequency of the behavior below.

<i>Occurrence of Behaviors</i>	<i>Never</i>	<i>Almost never</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily</i>	<i>Several times a day</i>
Bolting/wandering						
Self-Stimming						
Night awakenings						
Violence to self						
Violence to others						
Difficulty Managing environment						

Seizures

Does your child have seizures? _____ If yes, describe what they look like. If no, skip to next section.

Do you expect the dog to be trained for either seizure alert or seizure assistance? _____
If yes, describe how you see the dog helping.

Sleeping

Where does your child currently sleep? _____

Where would you like your child to sleep? _____

What size is the bed? Twin (If bunks, Top or bottom) Full Queen
How high off the floor is the top of the mattress? _____

Where in the child's room will the dog be sleeping? _____

Will the dog be allowed on the bed, furniture, etc? _____

Extracurricular Activities

What are the after school activities that your child participates in? How often?

Do you anticipate future surgeries or hospitalization of your child for any reason? Yes No
If yes, explain. _____

Dog

Where will your dog be taken for toilet requirements? _____

When do you get out of bed in the morning? _____

What time do you retire in the evening? _____

Where will the dog be exercised and have playtime? _____