

## The Child With Cerebral Palsy – Parent’s Concerns

Below is a list of common issues for children/young adults with CP and their families. Please check any item for which

- you have concerns you would like to discuss
- you desire more information
- if you feel your child or family needs more services in this area.

General Category	Examples of Common Areas of Concern
<input type="checkbox"/> Nutrition/Growth	poor appetite, under or over weight, poor growth, difficulties with feeding or feeding schedules
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Vision	
<input type="checkbox"/> Language/Communication	
<input type="checkbox"/> Social Development	interactions with family, peers, and friends taking care of ones own self-care
<input type="checkbox"/> Learning	school services, evaluation of learning disability, inclusion with peers, visual, hearing, or fine-motor problems affecting learning
<input type="checkbox"/> Behavior	limit setting, toilet training, motivating for self-care, sleep problems, short attention span, compliance with therapies
<input type="checkbox"/> Mental Health	self-esteem, social isolation, depression, adjustment to disability, frequent fears or worries
<input type="checkbox"/> Neurological/Genetic	loss of skills diagnostic evaluation to determine the cause of the child’s CP, seizures, genetic counseling
<input type="checkbox"/> Ear/Nose/Throat	drooling, airway obstruction, chronic congestion
<input type="checkbox"/> Dental	severe overbite or need for braces, cavities, need for routine dental care, bad breath or gum bleeding
<input type="checkbox"/> Respiratory	chronic cough, choking, repeated lung infections, trouble breathing during sleep
<input type="checkbox"/> Gastrointestinal	not tolerating diet, vomiting, heart burn, constipation, swallowing problems, problems with a feeding tube
<input type="checkbox"/> Musculoskeletal	management of muscle tone, joint contractures, scoliosis, bone or muscle pain, fractures or low bone density.
<input type="checkbox"/> Mobility and Function	optimizing gait or movement, optimizing hand use, assistive devices (e.g., seating and positioning equipment, standing table, bathing or toileting equipment, car seats, computer assistive technology)
<input type="checkbox"/> Maturation and Puberty	preparing for puberty, early or late puberty, information about sexual function, birth control, menstrual hygiene, treatment of common adolescent issues like acne and dandruff, behavioral changes
<input type="checkbox"/> Safety	appropriate transportation in vehicles, risk of victimization, poor safety awareness
<input type="checkbox"/> Pain	
<input type="checkbox"/> Leisure	recreational and social programs, adapted toys or athletic equipment, facilitating friendships
<input type="checkbox"/> Family	more information about child’s condition, sibling supports, child care, respite, advocacy and support groups, support for financial, educational or legal stressors
<input type="checkbox"/> Transition to Adulthood	occupational guidance, facilitating independence, options in living situations, adult health care providers
<input type="checkbox"/> Funding and Access to Care	sources of additional health care funding, appealing Medicaid or health insurance denials, respite funding, SSI, life planning for your child.
<input type="checkbox"/> Other	emerging therapies, alternative/complementary therapies