

# Parent's Section <sup>(1)</sup>

## Child Assistance

### Application for a Supplement for Handicapped Children

The supplement for handicapped children is intended to help families raise, care for and educate a child who has a **serious handicap**.

#### You may be entitled to a supplement if:

Your child has a **physical or mental** handicap that significantly limits him or her in carrying out daily activities for a period expected to last for at least one year.

Daily activities are the activities in which a child participates, depending on his or her age, with respect to personal care and social life. They include communication and learning activities, moving about, eating and getting dressed.

The seriousness of the handicap is determined by the medical advisers at the Régie des rentes du Québec in accordance with the criteria defined in the *Regulation respecting the Taxation Act*.

#### For information about these criteria, you can:

- consult the *Regulation* on our Internet site, at [www.rrq.gouv.qc.ca](http://www.rrq.gouv.qc.ca)
- or contact us by telephone (see next page)

If a child's condition does not correspond to any of those described in the *Regulation*, the seriousness of the handicap is determined according to the following criteria:

- the **impairments** that remain, even though available measures to make the child's life easier are used
- the **obstacles** that the child encounters in his or her environment
- the **constraints** for the child's family

#### What to do with the documents

Parent's Section	Professional's Section
<ul style="list-style-type: none"><li>■ Complete and sign the <b>Parent's Section</b> and return it to us.</li><li>■ To be sure that you have enclosed all the documents, refer to the table <b>Documents to be provided by the parent</b>, on <a href="#">pages 3 and 4</a>.</li></ul> <p>If you cannot find your child's handicap in the table, ask the professional who sees your child or call us.</p>	<ul style="list-style-type: none"><li>■ <b>Indicate your child's name and sign the authorization</b> to release personal information in <b>section 1</b> of the <b>Professional's Section</b>.</li><li>■ Give the <b>Professional's Section</b> to the professional, who will complete the rest of it and send it to us.</li></ul> <p>The professional must be the physician, physical therapist, psychologist, or other professional who has assessed or treated your child and <b>who best knows his or her state of health</b>.</p>

(1) For purposes of simplification, the term "parent" is used in this form to identify any person (and that person's spouse) who has the primary responsibility for a child's care and education and who lives with the child.

## How to reach us

For more information on the supplement for handicapped children:

### By Internet

[www.rrq.gouv.qc.ca](http://www.rrq.gouv.qc.ca)

### By mail

Régie des rentes du Québec  
Case postale 7777  
Québec (Québec) G1K 7T4

### Service for the hearing impaired



(TDD/TTY users) 1 800 603-3540

### By telephone

Québec region	(418) 643-3381
Montréal region	(514) 864-3873
Elsewhere in Québec	1 800 667-9625

### In person

At one of our client service centres.

To find the nearest centre, consult our web site under the heading "How to reach us" or call us.

Before you come to a service centre, we suggest that you call us. In most cases, we can give you the information that you need by telephone.

## Protection of personal information

The information requested on this form is needed in order for the Régie to study your application. Failure to provide the information may result in delays in processing the application or in the application being rejected. Only authorized employees at the Régie will have access to the information. The information can be provided to other persons or agencies or verified with them only in the cases provided for by law. It could also be used for research, assessments, enquiries or surveys. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult the information and have your personal information corrected.

## Documents to be provided by the parent

### IMPORTANT

The diagnoses listed in the table are examples only, to help you determine the category of handicap. To be eligible for a supplement, your child must meet the eligibility requirements described on page 1.

Photocopies of any of the requested documents are sufficient.

For the following categories, no additional documents have to be enclosed with the **Parent's Section**. The professional will send us the documents needed to determine eligibility.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>■ <b>Cancer</b></li> <li>■ <b>Cardiovascular function</b></li> <li>■ <b>Congenital malformations and chromosomal abnormalities</b><br/>e.g. trisomy, multiple malformations, other.</li> <li>■ <b>Food allergies</b></li> <li>■ <b>Hearing</b></li> </ul> | <ul style="list-style-type: none"> <li>■ <b>Metabolic or hereditary abnormalities</b><br/>e.g. anemia, insulin-dependent diabetes, cystic fibrosis, hemophilia, other.</li> <li>■ <b>Nutrition and digestion</b></li> <li>■ <b>Renal and urinary function</b></li> <li>■ <b>Sight</b></li> </ul> |
|--|--|

For the following categories, you must enclose with the **Parent's Section** the documents listed below. The professional will send us the other documents needed to determine eligibility.

Category	Documents to be provided by the parent
<p><b>Immune system abnormalities</b> e.g. immune deficiency, HIV infection, AIDS, other.</p>	<ul style="list-style-type: none"> <li>■ Detailed statement of medicines purchased during the last 12 months (available from the pharmacist)</li> </ul>
<p><b>Nervous system abnormalities</b> e.g. epilepsy, Tourette's disorder, cranial trauma, other.</p>	<p><b>Tourette's disorder</b></p> <ul style="list-style-type: none"> <li>■ Appendix: School achievement report <span style="background-color: #d9ead3;">page 7</span> to be filled out by a qualified person at the school if the child is age 6 or over</li> <li>■ Detailed statement of medicines purchased during the last 12 months (available from the pharmacist)</li> <li>■ Results of the initial assessment in neurology and in child psychiatry, if your child has been assessed</li> <li>■ Copy of the follow-up notes in neurology and child psychiatry for the last year</li> </ul> <p>The last two items may be provided by the parent or by the professional. Make sure that they are sent to us.</p> <p><b>For any other nervous system abnormalities, you do not have to enclose any supplemental documents with the Parent's Section.</b></p>

## Documents to be provided by the parent (continued)

Category	Documents to be provided by the parent
<p><b>Musculoskeletal system</b></p> <p>e.g. arthritis, malformation of one or several limbs, paralysis (brachial plexus, quadriplegia), hypotonia, other.</p>	<ul style="list-style-type: none"> <li>■ Results of a recent assessment in physical therapy, if your child has been assessed</li> <li>■ Results of a recent assessment in occupational therapy, if your child has been assessed</li> </ul> <p>The assessment reports may be provided by the parent or by the professional. Make sure that they are sent to us.</p>
<p><b>Respiratory function</b></p> <p>e.g. severe asthma, other.</p>	<ul style="list-style-type: none"> <li>■ Detailed statement of medicines purchased during the last 12 months (available from the pharmacist)</li> </ul>
<p><b>Psychomotor delay</b></p> <p>e.g. global developmental delay, other.</p>	<ul style="list-style-type: none"> <li>■ Results of a multidisciplinary assessment, including reports in the following fields (if the child has been assessed):                             <ul style="list-style-type: none"> <li style="width: 50%;">■ occupational therapy</li> <li style="width: 50%;">■ speech therapy</li> <li style="width: 50%;">■ physical therapy</li> <li style="width: 50%;">■ psychology</li> </ul> </li> </ul> <p>The assessment reports may be provided by the parent or by the professional. Make sure that they are sent to us.</p>
<p><b>Intellectual impairment</b></p> <p>e.g. mental retardation, other.</p>	<ul style="list-style-type: none"> <li>■ Appendix: School achievement report <span style="background-color: #c6e0b4;">page 7</span> to be filled out by a qualified person at the school if the child is age 6 or over and has a delay at school</li> </ul>
<p><b>Behavioural disorders or other psychoemotional disorders</b></p> <p>e.g. attention deficit disorder, oppositional defiant disorder, disturbance of conduct, psychoses, bipolar disease and other psychological or psychiatric diseases, other.</p>	<ul style="list-style-type: none"> <li>■ Appendix: School achievement report <span style="background-color: #c6e0b4;">page 7</span> to be filled out by a qualified person at the school if the child is age 6 or over</li> <li>■ Detailed statement of medicines purchased during the last 12 months (available from the pharmacist)</li> <li>■ Results of a recent assessment in psychology, if your child has been assessed</li> <li>■ Results of a recent assessment and follow-up notes for the last 12 months in child psychiatry, if available</li> </ul> <p>The assessment reports may be provided by the parent or by the professional. Make sure that they are sent to us.</p>
<p><b>Language disorders</b></p> <p>e.g. dysphasia, dyspraxia, other.</p>	<ul style="list-style-type: none"> <li>■ Appendix: School achievement report <span style="background-color: #c6e0b4;">page 7</span> to be filled out by a qualified person at the school if the child is age 6 or over and has a delay at school</li> <li>■ Results of a recent, complete assessment in speech therapy</li> <li>■ Results of a recent intellectual assessment by a psychologist, if your child has been assessed</li> <li>■ Results of an adaptive skills assessment (e.g., EQCA or Vineland), if available</li> </ul> <p>The assessment reports may be provided by the parent or by the professional. Make sure that they are sent to us.</p>
<p><b>Pervasive developmental disorders</b></p> <p>e.g. autism, Asperger's syndrome, other.</p>	<ul style="list-style-type: none"> <li>■ Appendix: School achievement report <span style="background-color: #c6e0b4;">page 7</span> to be filled out by a qualified person at the school if the child is age 6 or over</li> </ul>



### 1.3 Information on your child's difficulties (continued)

#### Hospitalization

Has your child been hospitalized for more than 24 hours in the last 12 months because of the health problem for which you are applying for a supplement for handicapped children?  Yes  No

If so, give the date and **approximate** duration of the hospitalization:

Date		Duration
year	month	days

Date		Duration
year	month	days

Date		Duration
year	month	days

#### Follow-ups by specialists

Give the names of the specialists who have assessed or seen your child regularly during the last 12 months and indicate their specialty (e.g., neurology, cardiology, psychology, speech therapy or other specialty).

Specialist's name	Specialty

### 1.4 Your signature

I declare that all the information provided on this form is true.

Signature \_\_\_\_\_ Date 

year	month	day

Mother  Father  Guardian  Other (specify) \_\_\_\_\_

#### IMPORTANT

You must:

- Indicate your child's name and sign the authorization to release personal information in **section 1** of the **Professional's Section**.
- Give the **Professional's Section** to the professional, who will complete the rest of it and send it to us.
- Send us, as soon as possible, the **Parent's Section** and **all the required documents** as indicated in the tables on pages 3 and 4. A delay may affect your retroactive payment, if any.

Note: A supplement for handicapped children can be paid for the months preceding your application if, during that period, your child met the eligibility conditions. A retroactive payment can cover a maximum of 11 months.

**Be sure to give your social insurance number on all the documents that you send.**

## School Achievement Report

**IMPORTANT:** Provide this school achievement report only if it is required (see **Documents to be provided by the parent on pages 3 and 4**).

### SECTION 1 To be completed by the parent

Parent's social insurance number

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#### 1.1 Child's identity

Family name	Given name	Date of birth year    month    day
Name of the school		Telephone (school) area code

#### 1.2 Authorization to release personal information

I hereby authorize any professional who has assessed or treated the child named above to provide the Régie des rentes du Québec with any information needed to determine the child's eligibility for a supplement for handicapped children.

Parent's name \_\_\_\_\_  
year    month    day

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother     Father     Guardian

Note: Only the mother, father or guardian can sign the authorization to release the child's personal information.

### SECTION 2 To be completed by a qualified person at the school

#### 2.1 The child's school achievement

Type of class (e.g., regular, special, language, immersion, other)

Pupil/teacher ratio (e.g., 8 pupils/1 teacher)

Current school achievement level

Complete the table by indicating the child's level: **B**: beginning    **M**: middle    **E**: end

	Preschool	1st cycle		2nd cycle		3rd cycle		Secondary Indicate the grade
		1st	2nd	1st	2nd	1st	2nd	
Reading								
Writing								
Mathematics								

#### 2.2 Personalized services (e.g., psychology, special education, remedial education, speech therapy, psychoeducation, shadowing, other)

Service	Frequency (e.g., hrs/week)	Ratio pupil/specialist	Date of the last assessment

Has an intervention plan been prepared for this child?  Yes     No





**Important:** Section 1 must be completed by the **Parent**.

## Professional's Section

### Child Assistance

## Application for a Supplement for Handicapped Children

A child is entitled to a supplement for handicapped children if he or she has an **impairment or developmental disorder** that **significantly** limits him or her in carrying out daily activities for a period expected to last for **at least one year**.

For information about the eligibility criteria for the supplement for handicapped children, see the Internet site of the Régie des rentes du Québec at [www.rrq.gouv.qc.ca](http://www.rrq.gouv.qc.ca) or contact us (see page 8).

Note that:

- The abnormality causing the **impairment** must be confirmed by objective signs during a physical examination, biological tests or medical imaging.
- The eligibility requirements for **developmental disorders** are based on the difference between the child's development and the average for the child's age. You must provide assessment results using a developmental scale or standardized tests that situate the child's development with respect to the norms for his or her age group.
- The results must be given as a relative measure (percentiles, standard deviations, quotient or equivalent age) and not as a raw score. The confidence interval must be specified.
- The handicap must be **confirmed by a member of a professional order** in a report that describes the child's abilities and disabilities, the support measures required, the treatment and the relevant recommendations.

### Documents to be provided by the professional

For the following categories, no supplemental documents have to be enclosed with the **Professional's Section**.

- **Cardiovascular function**
- **Nutrition and digestion**
- **Neoplasms**  
Note: Be sure to indicate the type and stage of the tumour in section 2.1 of the form.
- **Renal and urinary function**
- **Sight**

For the following categories of handicaps, **you must enclose with the Professional's Section** the documents listed below:

**If you are unable to send the assessment reports that have been prepared, please inform the parent so that he or she can send them.**

IMPAIRMENTS	
Category	Documents to be provided by the professional
<b>Congenital malformations and chromosomal abnormalities</b>	<ul style="list-style-type: none"><li>■ Karyotyping results</li></ul>
<b>Food allergies</b>	<ul style="list-style-type: none"><li>■ Recent allergy test results and the interpretation of the results.</li></ul> <p>Note: Be sure to describe the allergic reactions in section 2.1 of the form.</p>
<b>Hearing</b>	<ul style="list-style-type: none"><li>■ Audiogram</li></ul>

## IMPAIRMENTS (cont.)

Category	Documents to be provided by the professional
<b>Immune system abnormalities</b>	<ul style="list-style-type: none"> <li>■ Recent laboratory test results</li> <li>■ Copy of the follow-up notes, for the last year, in immunology</li> </ul>
<b>Metabolic or hereditary abnormalities</b>	<ul style="list-style-type: none"> <li>■ Laboratory tests confirming the diagnosis</li> </ul>
<b>Musculoskeletal system</b>	<ul style="list-style-type: none"> <li>■ Assessment in physical therapy</li> <li>■ Assessment in occupational therapy</li> <li>■ For arthritis : copy of the follow-up notes, for the last year, in rheumatology, if the child was seen by a rheumatologist</li> </ul>
<b>Nervous system abnormalities</b>	<p><b>Tourette’s disorder</b></p> <ul style="list-style-type: none"> <li>■ Initial assessment in child psychiatry and/or neurology, if available</li> <li>■ copy of the follow-up notes, for the last year, in child psychiatry and/or neurology, if the child was seen by such a specialist.</li> </ul> <p>Note: Be sure to describe the tics in section 2.1 of the form.</p> <p><b>Epilepsy</b></p> <p>Note: Be sure to indicate the type and frequency of seizures and the date of the last seizure in section 2.1 of the form.</p> <p><b>With any other nervous system abnormalities, you do not have to enclose any documents with the Professional’s Section</b></p>
<b>Respiratory function</b>	<ul style="list-style-type: none"> <li>■ Recent respiratory function tests, if available</li> </ul>

## DEVELOPMENTAL DISORDERS

Category	Documents to be provided by the professional
<b>Behavioural disorders and other psychoemotional disorders</b>	<ul style="list-style-type: none"> <li>■ Assessment in psychology, if available</li> <li>■ Assessment and copy of the follow-up notes in child psychiatry for the past 12 months, if available</li> </ul>
<b>Intellectual impairment</b>	<ul style="list-style-type: none"> <li>■ Most recent intelligence assessment, including IQ test results and the interpretation of the results</li> <li>■ Assessment of adaptive skills (e.g. EQCA or Vineland), if available</li> </ul>
<b>Language disorders</b>	<ul style="list-style-type: none"> <li>■ Complete, recent assessment in speech therapy</li> <li>■ Recent intelligence assessment, if available</li> <li>■ Assessment of adaptive skills (e.g. EQCA or Vineland), if available</li> </ul>
<b>Pervasive developmental disorders</b>	<ul style="list-style-type: none"> <li>■ Complete assessment in child psychiatry</li> <li>■ Assessment of adaptive skills (e.g. EQCA or Vineland), if available</li> </ul>
<b>Psychomotor delay</b>	<ul style="list-style-type: none"> <li>■ Results of a multidisciplinary assessment, including reports in the following fields, if available: <ul style="list-style-type: none"> <li style="width: 50%;">■ occupational therapy</li> <li style="width: 50%;">■ speech therapy</li> <li style="width: 50%;">■ physical therapy</li> <li style="width: 50%;">■ psychology</li> </ul> </li> </ul>

If you are unable to send the assessment reports that have been prepared, please inform the parent so that he or she can send them.

Professional's Section

SECTION 1 To be completed by the parent

Parent's social insurance number

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1.1 Information on the child's identity

Family name	Given name	Date of birth year      month      day
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1.2 Authorization to release personal information

I hereby authorize the professionals who assessed or treated my child to provide the Régie des rentes du Québec with the information needed to assess the child's entitlement to a supplement for handicapped children.

Parent's name \_\_\_\_\_  
year      month      day

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother     Father     Guardian

Note: Only the mother, father or guardian can sign the authorization to release the child's personal information.

SECTION 2 To be completed by the professional

2.1 Diagnoses

Must be completed for all handicaps

Diagnosis	Date of diagnosis	Medical work-up began on
	year      month      day	year      month      day
	year      month      day	year      month      day
	year      month      day	year      month      day

Date of the most recent visit for professional assessment, follow-up or therapy \_\_\_\_\_

Frequency of visits \_\_\_\_\_

Objective examination

Weight	Height	Measurements taken in _____ year      month	Premature birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gestational age _____ weeks
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Pertinent signs observed:

- Describe the impairment, malformation or abnormality
- Describe the seizures or attacks, indicate their frequency and indicate the date of the most recent seizure or attack (epilepsy, allergy, asthma, etc.)
- Describe the tics (Tourette's disorder)       Tumour: type and stage

Note: Use a separate sheet if needed.

Biological tests or medical imaging confirming the diagnosis : \_\_\_\_\_

Does the child have a delay in acquiring preschool skills or a delay at school?       Yes     No

## 2.2 Treatments and recommendations

Must be completed for all handicaps

Yes  No

The child has regular follow-up or treatment by medical or paramedical specialists.

Specialty Since Frequency Expected duration

year month

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgical interventions Carried out in Planned

year month date or age

\_\_\_\_\_

\_\_\_\_\_

The child takes medication on a regular basis

Since Name, total daily dose Continuous Periodically months/year

year month

\_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_

Hospitalizations or severe decompensation episodes during the past year

Date Duration

year month days

\_\_\_\_\_

\_\_\_\_\_

The child receives daily oxygen therapy at home.

The child receives chemotherapy or radiation therapy. If yes, since \_\_\_\_\_

The child needs adapted devices or exceptional assistance for drinking, eating, dressing or personal hygiene. Please specify: \_\_\_\_\_

The child needs a full-time, one-on-one shadow to attend school or daycare. Describe the type of accompaniment, the role of the person and specify the number of hours a week: \_\_\_\_\_

\_\_\_\_\_

The child goes to a psychiatric daycare centre, an adapted school or an adapted class. Please specify: \_\_\_\_\_

The child's condition could improve. If so, the Régie should carry out a reassessment around \_\_\_\_\_ or at age: \_\_\_\_\_

## 2.3 Additional information

### 2.3.1 Premature birth

Not applicable

Gestational age \_\_\_\_\_ weeks Weight at birth \_\_\_\_\_ kg Duration of initial hospitalization \_\_\_\_\_ weeks

#### Complications related to the premature birth:

Pulmonary:  Hyaline membrane  Pneumothorax  Pulmonary hemorrhage  Bronchopulmonary dysplasia

Cardiac:  Arterial duct  Other: \_\_\_\_\_

Digestive:  Intravenous hyperalimentation  Gastro-nasal feeding \_\_\_\_\_ (expected duration)

Necrotizing enterocolitis  Failure to thrive

Neurological:  Intraventricular hemorrhaging: stage \_\_\_\_\_  Leukomalacia  Cerebral palsy

Ophthalmological:  Retinopathy: stage \_\_\_\_\_

Metabolic disorder \_\_\_\_\_

Global developmental delay (indicate the developmental quotient, Griffith's or other): \_\_\_\_\_

Other information that could help us assess the handicap: \_\_\_\_\_

### 2.3.2 Visual impairment

Not applicable

Visual acuity measured simultaneously in both eyes, after correction \_\_\_\_\_ Date of exam: \_\_\_\_\_  
year month day

Method:  Ocular fixation  Allen  Snellen  Other \_\_\_\_\_

Uncertain assessment. Reassess at age \_\_\_\_\_

Visually evoked cortical potential \_\_\_\_\_  Electroretinogram \_\_\_\_\_

Field of vision for both eyes measured when focusing on a central point:

normal  not assessed  measures \_\_\_\_\_ degrees at the widest diameter

Yes No

The child wears contact lenses due to bilateral aphakia. If so, since \_\_\_\_\_  
year month

The child wears an eye patch.  OS  OD \_\_\_\_\_ hours/day Expected duration \_\_\_\_\_  
months

The child uses adapted aids for studying:  specialized manuals  audio recordings

magnifying devices  Braille  Other \_\_\_\_\_

The child needs assistance to get around. Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information that could help us assess the handicap (specialized services, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Use a separate sheet if needed.

### 2.3.3 Hearing impairment

Not applicable

**Provide a recent audiogram with this form.**

If the hearing assessment was carried out by any method other than an audiogram, information on the reliability of the method must be provided.

First assessment carried out in \_\_\_\_\_ by  audiogram  other \_\_\_\_\_  
year month day

Yes No

The child has a cochlear implant. Surgery at age \_\_\_\_\_

In spite of the use of a hearing aid or the cochlear implant, the child cannot use ordinary apparatus unless they are adapted to his or her needs. Specify which apparatus: \_\_\_\_\_  
\_\_\_\_\_

The child receives speech therapy related to the hearing impairment.

The child attends a school or specialized class for the deaf or is integrated in a regular class with support measures. Specify the measures (interpreter, special education teacher, a person to take notes, other): \_\_\_\_\_  
\_\_\_\_\_

The child uses his or her hearing aids. If not, indicate the reason. \_\_\_\_\_  
\_\_\_\_\_

The child must use sign language to interact with persons he or she does not know.

Other information that could help us assess the handicap: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Use a separate sheet if needed.

**2.3.4 Motor limitations** apparatus and adapted transportation **Not applicable**

- Yes No
- The child uses a wheelchair.
- The child uses an orthosis: type \_\_\_\_\_  day  night
- The child has motor limitations that prevent him or her from walking to school or the bus stop.
- The child needs assistance or a handrail to use stairs, according to age.
- The child needs technical assistance for positioning or moving about or for daily activities.  
Describe: \_\_\_\_\_
- The child needs adapted transportation or special layout at home or school.
- The child has an upper limb impairment resulting in inefficient prehension in one hand or hindering everyday activities that require both hands.

Other information that could help us assess the handicap: \_\_\_\_\_

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**2.3.5 Cardio-respiratory limitations** **Not applicable**

- Yes No
- The child has symptoms that limit the daily activities that are normal for his or her age  
 at rest  when walking  when climbing stairs  when running
- The child must avoid the following for medical reasons:  
 all sports activities  competitive sports  contact sports  
 other \_\_\_\_\_
- The child has a restrictive syndrome and his or her vital capacity is less than 50%. V.C. \_\_\_\_\_%
- Are there any respiratory irritants in the child's environment that could be avoided?  Don't know  
If so, specify (tobacco, pets, etc.): \_\_\_\_\_

Other information that could help us assess the handicap (side-effects of medication, etc.): \_\_\_\_\_

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**2.3.6 Limitations for eating and elimination** **Not applicable**

- | Yes                      | No                       |  | Since | Duration expected |
|--------------------------|--------------------------|--|-------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | The child is fed by nasal-gastric tube.  | _____ | _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has a surgical stoma, type _____   | _____ | _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | The child needs a catheter on a daily basis.   | _____ | _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has chronic renal insufficiency and receives dialysis  | _____ | _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has daytime incontinence (abnormal for age) <input type="checkbox"/> fecal <input type="checkbox"/> urinary that requires daily care.<br>If so, describe the care or equipment needed. _____ |       |                   |
| <input type="checkbox"/> | <input type="checkbox"/> | The child's diet includes major restrictions. If the restrictions are caused by allergies, provide test results and describe the allergic reactions for each food in question.                         |       |                   |

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Other information that could help us assess the handicap (side-effects of medication, etc.): \_\_\_\_\_

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### 2.3.7 Psychomotor or cognitive delay

Not applicable

- Yes No
- The child is under age 5 and his or her developmental delay corresponds to less than half his or her age: Developmental quotient: \_\_\_\_\_
- The child:  crawls  walks  eats alone  is toilet trained (daytime)
- Speech:  none  a few words  expresses his or her needs
- The child has an intellectual impairment. If so, **send IQ test results** (in relative measures) and the interpretation of the test results with respect to effects on schooling and social life as well as the results, if available, of the child's **adaptive skills** using a recognized scale (e.g. EQCA or Vineland).
- The child has difficulties sufficient to jeopardize independence in the following areas:
- overall motor skills  expressive language  social interaction
- fine motor skills  receptive language  other
- The child has a delay in acquiring preschool skills or a delay at school.

Other information that could help us assess the handicap (effects on daily activities and learning):

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Note: Use a separate sheet if needed.

### 2.3.8 Language disorders

Not applicable

- Yes No
- The child is living in a multilingual environment.
- Languages spoken: at home \_\_\_\_\_ in the neighbourhood \_\_\_\_\_
- at school \_\_\_\_\_ language used for the test \_\_\_\_\_
- The child's speech is usually incomprehensible (taking into account form, content and use of language, and your observations in exchanges with the child):
- for the family  to peers  to an unfamiliar adult
- The child's speech can be formally tested.
- If it cannot, indicate the reason and provide a descriptive report.**
- The child is mute, no spoken language or very basic language.
- The child uses sign language, communicates with pictograms or other communication aids.
- Very limited comprehension based on context.
- Other (uncooperative, etc.): \_\_\_\_\_

If the child's **language can be formally tested, send us the complete assessment of the child's receptive and expressive language**, including results of standardized tests in relative measures (percentiles, standard deviation or equivalent age), and not as a raw score. The confidence interval must be specified. The interpretation of the results must take into account the child's attitude and the child's performance during the tests, as well as the impact on his or her schooling and social life.

Other information that could help us assess the handicap (effects on daily activities and learning):

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Note: Use a separate sheet if needed.

**2.3.9 Behavioural disorders or other psychoemotional disorders** Not applicable

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has limited and stereotypical interests, ritualistic behaviour.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has poor eye contact, lack of or limited emotional reciprocity.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The child participates in games with other children.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has weak social judgment or reactions and behaviour that is inappropriate for his or her age, taking into account the explicit or implicit social rules in the child's environment. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child is frequently hostile or violent towards others.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The child can play in the house, yard, or neighbourhood with supervision appropriate to his or her age.   |
| <input type="checkbox"/> | <input type="checkbox"/> | There are environmental or family stressors that currently have a negative influence on the child's overall functions.  |

Other information that could help us assess the handicap (effects on daily activities and learning):

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Note: Use a separate sheet if needed.

**2.4 Signature**

Family name		Given name		Profession	
Address				Licence number	
City		Province		Postal code	
Telephone <small>area code</small>		other <small>area code</small>		ext.	
Signature				Date <small>year month day</small>	

**IMPORTANT**

You must:

- Send us the **Professional's Section** as soon as possible, using the enclosed envelope. If you do not use the envelope provided, send the documents to the address indicated below.
- **Attach all the documents requested** (reports, assessments, test results and follow-up notes). See **Documents to be provided by the professional** on pages 1 and 2 of this form.

For additional information about the supplement for handicapped children:

Régie des rentes du Québec	Québec region:	(418) 643-3381
Case postale 7777	Montréal region:	(514) 864-3873
Québec (Québec) G1K 7T4	Elsewhere in Québec:	1 800 667-9625

Internet: [www.rrq.gouv.qc.ca](http://www.rrq.gouv.qc.ca)