As the parents, you know your child/young person the best. Your description of the everyday life, difficulties and strengths together with the institution's description create a complete picture of the child/young person. This schedule is to be completed by you to gather the information about the child's/young person's everyday life in the home. If you have questions, the manager at the day-care, SFO, or the after-school club may be contacted.

The difficulties of children and young people are often demonstrated in different ways depending on whether they are home or at the day-care/after-school care. For example, the child/young person may have difficulties in the day-care/after-school care, but have no problems in the home. The visitation committee needs a global understanding to assess how the child/young person can best be supported.

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| --- | --- |
| Name: | Personal ID number: |
| Address: | |

|  |
| --- |
| **Description of the child's/young person's daily life** |
| What can the child/young person do independently: |
| Clothing, food, cleanliness: |
| Traffic, after-school activities: |
| Sleep schedule: |
| Can the child/young person attend a family visit: |
| Can the child/young person help with practical chores around the house, for instance grocery shopping: |
| How does the child/young person react to visitors in the home: |
| Other: |
| **Parents' perception of the child's/young person's difficulties** |
| Under what circumstances could there be difficulties and how often: |
| What do you do to accommodate those difficulties: |
| Which affect does it have: |
| Does anyone else in the family have similar difficulties: |
| Is the child/young person different from other siblings: |
| How is the child’s/young person’s relationship with his/her siblings: |
| Does the child/young person have friends: |
| Does the child/young person seek out friends on his/her own: |
| Other: |
| **The Child’s/young person’s strengths** |
| What is the child/young person good at: |

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| --- |
| What does the child/young person enjoy doing: |
| Which activities does the child/young person prefer: |
| Other: |

|  |
| --- |
| **In accordance to the Law on Personal Data, the City of Aarhus is required to advise you of the following: all information the City has about you in this matter will be managed electronically. You have the right to see the information registered in this matter. Furthermore, you have the right to have any incorrect information corrected.**  **I/we hereby consent to PPR creating an electronic case file regarding my/our child.**  Date:  Signature of custodial parent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of custodial parent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The form must be filled out and returned to the manager of the day-care, the head of the SFO, or the manager of the after-school program who will then send all combined recommendation materials to PPR.

The parents will receive a letter containing the determination.