

QUESTIONNAIRE DEPARTMENT OF CLINICAL NEUROPHYSIOLOGY KNF

EEG for children with special needs and facilitation

As a parent/guardian, do you think that there is a need for individual facilitation your child arrives for the EEG examination? If there is a need for individual facilitation, we ask that the form is filled out and submitted within a week before the appointment. Alternatively, contact our department on: 0047 55 97 51 01 (secretary).

Individual facilitation	
My child needs individual facilitation <input type="checkbox"/> yes <input type="checkbox"/> no	
Name:	National identity number/-date:
Nickname:	Age:

Please answer the questions below when individual facilitation is needed:

How does the child want us to communicate
For example, in writing, speaking slowly and calmly, do not speak directly to the child, inform/explain along the way, draw. Does the child use extra time to think before answering?

This makes the child happy
For example, watching movies, listening to music, playing games on the phone, special interests.

This makes the child anxious or stressed
For example, new and unfamiliar people, new surroundings, that someone should enter the room without knocking, larger groups of people, surrounding chatter, not knowing what will happen next, when people are standing or sitting close to the child, when people touch the child.

Sensory sensitivity
Does the child react to touch, bright light, colours, loud noises, strong smells or other things?

The child sleeps best when
For example with the lights on, with music, when it is completely quiet or similar.

Other things we should know about the child
For example, difficulties with hearing, vision, mobility impairment, other aids.

Name of the person submitting the form: _____ **Date:** _____

Signature: _____