



Check List for identifying Special Needs Children
among School age children

Cerebral Palsy

Sl. No.		Yes / No
1.	The child has drooling?	Yes / No
2.	The child has problems in controlling voluntary movements?	Yes / No
3.	The child has an odd gait, posture and shows problems in balancing?	Yes / No
4.	The child has problems in performing activities of daily living?	Yes / No
5.	The child has difficulty in gross motor skills such as sitting on a regular chair without support, walking, jumping & bending etc.?	Yes / No
6.	The child has problems in fine-motor skills & eye-hand coordination skills such as holding and placing objects, cutting, writing etc.?	Yes / No
7.	The child has problems in articulation and regulating breathing while speaking?	Yes / No
8.	The child requires assistance in reading / writing due to poor-coordination?	Yes / No

Sl. No.		Yes / No
9.	The child stuck in one position and unable to move?	Yes / No
10.	The child does not achieved head and neck control?	Yes / No
11.	The child does not having free movements of upper or lower limbs due to muscle stiffness?	Yes / No

Note: If any of the above 4 or 5 responses Yes, then the child should be properly examined by a qualified specialist.

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Hearing Impaired

Sl. No.		Yes / No
12.	Does the child have problems to hear when you speak to him from behind?	Yes / No
13.	Does the child speaks too loudly or too softly?	Yes / No
14.	The child is not responding while calling by his / her name at a 3-5 feet distance?	Yes / No
15.	Does the child exhibit voice problem and mispronunciation very often?	Yes / No
16.	Does the child understand only after few repetitions?	Yes / No
17.	Does the child answer your questions irrelevantly ?	Yes / No
18.	Does the child favour one each for listening purpose?	Yes / No
19.	The child responds to the questions through gestures or signs?	Yes / No
20.	Does the child have problems in play ground while playing within peers?	Yes / No

Sl. No.		Yes / No
21.	The child needs more repetitions in class?	Yes / No
22.	The child tune the TV / Radio too loud?	Yes / No
23.	The child does not responds to the sounds in the classroom?	Yes / No
24.	Does the child is not able to speak properly even simple?	Yes / No
25.	Does the child keenly observes the facial expressions / lip of you while talking?	Yes / No

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Mental Retardation

Sl. No.		Yes / No
26.	Does the child is not responding while calling by his / her name?	Yes / No
27.	Does the child is having appropriate memory and mental maturity?	Yes / No
28.	Does the child is taking more time to learn things when compared to the same age peers?	Yes / No
29.	Does the child performing his / her daily activities like toileting, bathing, hair combing, dressing etc. independently?	Yes / No
30.	Does the child requires too many repetitions to remember simple things?	Yes / No
31.	Head, eyes, lips etc. are appear in different structure?	Yes / No
32.	Does the child has problem in understanding and behave according to the situations?	Yes / No
33.	Does the child have aggressive & emotional behaviour?	Yes / No
34.	Has the problem in mix-up with his / her peer?	Yes / No
35.	Does the child is not able to control his / her nature calls, drooling etc?	Yes / No

Sl. No.		Yes / No
36.	Does the child has low memory and needs frequent repetitions of the commands in his / her daily life?	Yes / No
37.	Does the child is having Down Syndrome symptoms (like short nose, opened mouth, floppy eye lashes etc.)?	Yes / No
38.	Does the child unable to control his / her emotions?	Yes / No
39.	Does the child not aware of his / her hunger & thirsty?	Yes / No

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Visually Impaired

Sl. No.		Yes / No
40.	Does the child have difficulty in counting the finger of an outstretched hand at a distance of one meter?	Yes / No
41.	Does the child move his / her head towards the source of light?	Yes / No
42.	Does the child rub his / her eyes frequently?	Yes / No
43.	The child keeps the book too far / too close to his / her eyes while reading?	Yes / No
44.	Does the child frequently ask other children while taking down the notes from the blackboard?	Yes / No
45.	Does the child list against objects on the side?	Yes / No
46.	The child has difficulty in reading from the black board, even if she is sitting in the first row?	Yes / No
47.	The child is not able to identify / match colours?	Yes / No
48.	Does the child having abnormal structure of eyes (bulging / too big / too small)?	Yes / No

Sl. No.		Yes / No
49.	Does the child get water frequently form his / her?	Yes / No
50.	The child has problem in following the moving objects?	Yes / No
51.	Lighting variations in the environment confuse the child?	Yes / No
52.	The child blinking eyes very often?	Yes / No
53.	The child find difficult to identify objects / people at distance 4-5 meters or further?	Yes / No

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Learning Disability

Sl. No.		Yes / No
54.	Does the child have difficulty in maintaining attention while performing a given task without getting distracted when unsupervised?	Yes / No
55.	Does the child have difficulty in completing the task within the prescribed time-limit when unsupervised?	Yes / No
56.	Does the child leaves letters or words while reading a line from a text?	Yes / No
57.	Does the child has difficulty tracking lines or words in a row?	Yes / No
58.	Does the child has organizing things for example by shape, colour or size such as placing books in a school bag systematically by size or arranging cloths on a rack in categories of size and use?	Yes / No
59.	Does the child have difficulty in copy from black board without missing letters or words?	Yes / No
60.	Does the child have difficulty in using mathematical symbols and understanding	Yes / No

Sl. No.		Yes / No
	relation between numbers?	
61.	Does the child have difficulty in differentiating letters such as 'b' and 'd', 'p' and 'q' , 'u' and 'n' etc. and numbers like '9' and '6' etc.?	Yes / No
62.	Does the child have difficulty in maintaining a straight line or leaving appropriate space between words and lines?	Yes / No
63.	Does the child have difficulty in understanding use of punctuations while reading and writing?	Yes / No
64.	Does the child have difficulty in comprehending words problems and understanding the meaning and relationship between numbers and sentences?	Yes / No
65.	Does the child have difficulty in selecting or filtering specific details to answer a question from a story, passage or an incident?	Yes / No
66.	Does the child have difficulty in locating an object when given specific sequence of instructions? Ex: look for a yellow bog on the right side of the table on the top of corner	Yes / No
67.	Does the child have difficulty in locating specific alphabet or number within prescribed text?	Yes / No
68.	Does the child have tendency of displaying short span of attention across his or her performance	

Sl. No.		Yes / No
	within home / school or during play with neighborhood children?	
69.	Does the child have difficulty in following the rules of common games popular among the peer group?	

Note: If any of the above 4 or 5 responses Yes, then the child should be properly examined by a qualified specialist.
