

RESOURCE PARENT / RESOURCE FAMILY MEMBER Areas of Knowledge Checklist for Directory

▪ To select the area of knowledge, please click in the box in the column to the left			
A		D	
<input type="checkbox"/>	Accessibility	<input type="checkbox"/>	Dandy Walker Syndrome
<input type="checkbox"/>	Adaptive Equipment - see Equipment	<input type="checkbox"/>	Deaf-Blind
<input type="checkbox"/>	Adult Issues	<input type="checkbox"/>	Developmental delay
<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Diabetes/ Brittle Diabetes
<input type="checkbox"/>	After School Program	<input type="checkbox"/>	Discretionary Funds
<input type="checkbox"/>	Agenesis of the corpus collosum	<input type="checkbox"/>	Down Syndrome
<input type="checkbox"/>	Angelman's Syndrome	<input type="checkbox"/>	Dual Diagnosis
<input type="checkbox"/>	Anxiety & Stress related disorder	<input type="checkbox"/>	Duchenne Muscular Dystrophy
<input type="checkbox"/>	Art Therapy	<input type="checkbox"/>	Dystonia – neck (secondary)
<input type="checkbox"/>	At Home Program	E	
<input type="checkbox"/>	Attention Deficit Disorder (ADD)	<input type="checkbox"/>	Education Issues
<input type="checkbox"/>	Attention Deficit/Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	Employment (paid)
<input type="checkbox"/>	Augmentative / Alternate forms of Communication	<input type="checkbox"/>	Epilepsy – see Seizures
<input type="checkbox"/>	Autism / Autistic tendencies	F	Equipment: i.e. wheelchairs, walkers, safety beds, strollers
B		<input type="checkbox"/>	FAS/FAE
<input type="checkbox"/>	Behaviour challenges	<input type="checkbox"/>	Failure to Thrive
<input type="checkbox"/>	Botox – treatment	<input type="checkbox"/>	Family Support
<input type="checkbox"/>	Braille	<input type="checkbox"/>	Feeding Problems
<input type="checkbox"/>	Brain Injury	<input type="checkbox"/>	F.G. Syndrome
<input type="checkbox"/>	Brothers & Sisters - see Siblings	<input type="checkbox"/>	Fluid behind ears
<input type="checkbox"/>	Bushke-Ollendorf Syndrome	<input type="checkbox"/>	Food Allergies
C		<input type="checkbox"/>	Foot Reconstructions
<input type="checkbox"/>	C Trigenocephaly Syndrome	<input type="checkbox"/>	Foster care
<input type="checkbox"/>	C.P. Sports	<input type="checkbox"/>	Fragile X Syndrome
<input type="checkbox"/>	Canine Companions	<input type="checkbox"/>	Funding Success with Ministry for Children and Families
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Fundraising/Funding
<input type="checkbox"/>	Challenger Baseball	G	
<input type="checkbox"/>	Chronic Health Issues	<input type="checkbox"/>	Gastrostomy
<input type="checkbox"/>	Circle of Friends	<input type="checkbox"/>	Genetics
<input type="checkbox"/>	Community Health Council	<input type="checkbox"/>	Global developmental Delays -

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			see Developmental delay
<input type="checkbox"/>	Congenital heart defect	<input type="checkbox"/>	Glutaric Aciduria Type I
<input type="checkbox"/>	Cornelia De Lange syndrome	<input type="checkbox"/>	Grief Support
<input type="checkbox"/>	Cortical Blindness	<input type="checkbox"/>	Guardianship Issues
<input type="checkbox"/>	Cri Du Chat Syndrome		➔ please continue to the next page
H		R	
<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Rett's Syndrome
<input type="checkbox"/>	Home Renovations/Modifications	S	
<input type="checkbox"/>	Hospitalization	<input type="checkbox"/>	Schizencephaly
<input type="checkbox"/>	Hydrocaephalus	<input type="checkbox"/>	School Issues - see Education Issues
<input type="checkbox"/>	Hyperbaric Oxygenation Therapy	<input type="checkbox"/>	School Transitions
<input type="checkbox"/>	Hyperthyroid Disease	<input type="checkbox"/>	Scoliosis Surgery
<input type="checkbox"/>	Hypophosphatasia	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Hypotonia	<input type="checkbox"/>	Sexual abuse of people with disabilities
I		<input type="checkbox"/>	Shriners Hospital (Portland, Ore)
<input type="checkbox"/>	Individualized Funding	<input type="checkbox"/>	Siblings
K		<input type="checkbox"/>	Sign Language
<input type="checkbox"/>	Ketogenic Diet	<input type="checkbox"/>	Sleep Disorder
L		<input type="checkbox"/>	Spastic Quadraplegia
<input type="checkbox"/>	Lamellar Ichthyosis	<input type="checkbox"/>	Spasticity
<input type="checkbox"/>	Languages (other) – please specify	<input type="checkbox"/>	Speech Impairment/Delay/ Disorder
<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Lennox-Gastaux Syndrome	<input type="checkbox"/>	Spina Bifida / Spina Bifida Occulta
<input type="checkbox"/>	Lissencephaly	<input type="checkbox"/>	Sturge Weber Syndrome
<input type="checkbox"/>	Long term care	<input type="checkbox"/>	Supported Child Care
M		T	
<input type="checkbox"/>	Marfan's Syndrome	<input type="checkbox"/>	21q Syndrome
<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>	T.E.S. - Therapeutic Electrical Stimulation
<input type="checkbox"/>	Microboards	<input type="checkbox"/>	Teacher's Aid issues
<input type="checkbox"/>	Microcephaly	<input type="checkbox"/>	Tongue Surgery
<input type="checkbox"/>	Mobius Syndrome	<input type="checkbox"/>	Tourette Syndrome
<input type="checkbox"/>	Music Therapy	<input type="checkbox"/>	Transition Issues
<input type="checkbox"/>	Myopia (severe)	<input type="checkbox"/>	Travel to B.C. Children's Hospital
N		V	
<input type="checkbox"/>	Neurological Damage	<input type="checkbox"/>	Vagus Nerve Stimulation
O		<input type="checkbox"/>	Vision orientation and mobility
<input type="checkbox"/>	Obsessive/Compulsive Disorder	<input type="checkbox"/>	Visual impairment/visual disturbance
<input type="checkbox"/>	Optic Nerve Hypoplasia	<input type="checkbox"/>	Visually Impaired Program
<input type="checkbox"/>	Orthotics	W	
P		<input type="checkbox"/>	William's Syndrome

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<input type="checkbox"/>	Paraplegic	<input type="checkbox"/>	Wills and Estates
<input type="checkbox"/>	Parrinauds Syndrome		
<input type="checkbox"/>	Pervasive Development Disorder		➔ please continue to the next page
<input type="checkbox"/>	Prader-Willi syndrome		
<input type="checkbox"/>	<p>Other - For example: Do you have an ethnic/cultural background that you would like to share with us that may help you in supporting families of differing ethnic/cultural backgrounds (eg. cultural or religious backgrounds) OR is there another area of knowledge that you would like to add?</p>		