Questionnaire for Need Assessment of Intellectual and Developmental Disabilities (PwIDDs)

Sl. No	Name	Father's /Mothers Name	Age	Sex M/F	Educational Qualification	Whether SC/ST/ Other	Types of Disabilities				Whether disability Certificate availed		Whether availed any support from Govt/NGO					Whether BPL Category	Occupation of Parent	Whether aids appliance availed, if yes give details	Name of guardian other then father /mother if any	Relationship of PWD with the guardian	Whether any Health Insurance covered for PwDs	Other facilities required, if any	Remarks
							C.P	Autism	MR	MD	If yes type of disabilities	% of disabilities	Scholarship	Disability Pension	Training / Service	Loan	Others, if any								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26