**PART A: APPLICATION FORM**

**Applications can be scanned and emailed to** **nrobart@alcbsd.on.ca** **or faxed to 613-354-9850**

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| **CHILD/ YOUTH INFORMATION** |
| **Name of Child/Youth:**  | **Date form was completed:**  |
| **Gender:**  | **Date of Birth (mm/dd/yyyy):** | **Grade:**  |
| **School Child/Youth Attends:** **Name of Teacher:**  |
| **Is the child/youth currently receiving group or individual services (private or public)?**YES NO**If so, what services are they receiving and from where?** |

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| **MEDICAL/ PSYCHOLOGICAL INFORMATION** |
| **Is your child/youth on any medications? If yes, please specify.** * Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* No

**Known Allergies:**  | **Please list all of the child/youth’s diagnoses (including medical and psychological):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Is your child/youth aware of their ASD diagnosis?** * Yes
* No
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| **PARENT/ CAREGIVER INFORMATION** |
| **Name:****Relationship to Child/Youth:**  | **Name:****Relationship to Child/Youth:**  |
| **Contact Information:**Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Contact Information:**Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **GROUP INFORMATION** |
| **Preferred Skills Group:*** Social/ Interpersonal

*(i.e., asking a friend to play, suggesting an activity)** Communication

*(i.e., beginning a conversation, taking turns in a conversation)** Behaviour/ Emotional Regulation

*(i.e., knowing and identifying feelings)** Daily Living Skills

*(i.e., personal hygiene, laundry, transportation)** Group Readiness

*(i.e., listening, turn taking, waiting)* | **Child/Youth’s Communication:*** Single Words
* Short Phrases
* Full Sentences
* Non-Verbal
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| **Can the child/youth learn in a group setting with 6 peers?*** Yes
* No
 | **Has child/youth participated in a group setting in the past? If yes, explain.** * Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
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**PART B: QUESTIONNAIRE**

Please answer the following questions on your child/youth’s current skills. This information will assist in determining the appropriate group for your child/youth and target skills. Please note that you only need to answer the questions that are applicable to your child/youth.

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| **SKILL AREAS** |
| **Instructions:** For each of the skills listed below, please indicate whether the child/youth never, seldom, sometimes, often or always uses the skill. This checklist will assist us in selecting the appropriate group and topics. **Rating scale:**

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| 1= My child/youth *never* uses the skill |
| 2= My child/youth uses the skill with *prompting* |
| 3= My child/youth *can* and *does* use the skill independently |

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| **Group Readiness**  |

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| **Listening and Following Directions** | 1 2 3Comment: |
| **Responding to Joint Attention**: Can the child look at an object that another person has directed their attention to? | 1 2 3Comment: |
| **Initiating Joint Attention:** Can the child point towards or look at an object, look to another person and then look back at the object of interest? | 1 2 3Comment: |
| **Imitation:** Can the child copy the actions of a peer or adult both spontaneously or when asked to? |  1 2 3Comment: |
| **Turn Taking:** Can the child give up his/her turn? | 1 2 3Comment: |
| **Waiting:** Can the child wait for his/her turn? | 1 2 3Comment: |

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| **Communication**  |

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| **Listening:** Does the child/youth attend to someone who is talking?  | 1 2 3Comment: |
| **Beginning a Conversation** | 1 2 3 Comment: |
| **Ending a Conversation** | 1 2 3 Comment:  |
| **Asking for Help** | 1 2 3 Comment: |
| **Having a Conversation: (**i.e., join in a conversation by asking a question or making a comment) | 1 2 3 Comment: |
| **Conversational Manners: (**i.e., “thank you”, “please”, “you’re welcome”) |  1 2 3 Comment: |
| **Negotiating:** Is the child/youth able to come up with a plan and compromise with another person? | 1 2 3 4 5 Comment: |
| **Take Turns in a Conversation** | 1 2 3 4 5Comment: |
| **Respond Appropriately During a Conversation** | 1 2 3 4 5Comment: |
| **Understanding Nonverbal Behaviour:** Is the child/youth able to accurately recognize and interpret nonverbal cues? | 1 2 3 4 5Comment: |
| **Understanding Tone of Voice Cues** | 1 2 3 4 5Comment: |
| **Public vs. Private:** Is the child/youth able to identify private versus public settings? | 1 2 3 4 5Comment: |

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| **Behaviour/ Emotional Regulation** |

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| **Knowing their Feelings:** Is the child/youth able to identify their internal emotions?  | 1 2 3 4 5Comment: |
| **Expressing their Feelings:** Does the child/youth express his/her internal feelings/emotions? | 1 2 3 4 5Comment: |
| **Use Relaxation/Coping Strategies**: Is the child able to use a relaxation/ coping strategy when they are mad/sad? | 1 2 3 4 5Comment: |
| **Dealing with Problems:** Is the child/youth able to come up with a possible solution to a problem? | 1 2 3 4 5Comment: |
| **Accepting “no”** | 1 2 3 4 5Comment: |
| **Redirecting Negative Thoughts:**Does the child/youth reframe negative thoughts into positive thoughts? | 1 2 3 4 5Comment: |

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| **Social/ Interpersonal Skills** |

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| **Introducing Him/Herself** | 1 2 3 4 5Comment: |
| **Joining In** | 1 2 3 4 5Comment: |
| **Inviting Someone to Play**  | 1 2 3 4 5Comment: |
| **Playing a Game with Others**  | 1 2 3 4 5Comment: |
| **Being a Good Sport:** (i.e., they win appropriately, say good game to others etc.) | 1 2 3 4 5Comment: |
| **Dealing with Losing** | 1 2 3 4 5Comment: |
| **Suggesting an Activity** | 1 2 3 4 5Comment: |
| **Sharing**  | 1 2 3 4 5Comment: |
| **Apologizing to Others** | 1 2 3 4 5Comment: |
| **Responding to Teasing** | 1 2 3 4 5Comment: |
| **Giving a Compliment** | 1 2 3 4 5Comment: |
| **Accepting a Compliment** | 1 2 3 4 5Comment: |
| **Offering Help to Others** | 1 2 3 4 5Comment: |
| **Deciding What Caused a Problem** | 1 2 3 4 5Comment: |
| **Dating and Relationships** | 1 2 3 4 5Comment: |
| **Personal Safety and Boundaries** | 1 2 3 4 5Comment: |

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| **Activities of Daily Living** |

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| **Groceries** | 1 2 3 4 5Comment:* Independent
* With assistance
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| **Meal Preparation** | 1 2 3 4 5Comment:* Independent
* With assistance
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| **Dishes** | 1 2 3 4 5Comment:* Independent
* With assistance
 |
| **Laundry** | 1 2 3 4 5Comment:* Independent
* With assistance
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| **Transportation:** (i.e., taking public transit) | 1 2 3 4 5Comment:* Independent
* With assistance
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| **Hygiene:** Hand Washing | 1 2 3 4 5Comment:* Independent
* With assistance
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| **Hygiene:** Brushing Teeth | 1 2 3 4 5Comment:* Independent
* With assistance
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| **Other Daily Living Skills** | * Resume Writing
* Interview Skills
* Budgeting
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| **ADDITIONAL INFORMATION** |
| Please share any additional relevant information and/or skills you would like to see focused on in upcoming groups. Suggested skills will be taken into consideration and will be incorporated as appropriate.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*You will be contacted if a group appropriate for your child/youth is arranged. Please note that space in group is not guaranteed.*

**For questions or additional information regarding the program please contact:**

Naomi Robart, Coordinator of the After-School ABA Program

Email: nrobart@alcdsb.on.ca

Fax: 613-354-9850

