**PART A: APPLICATION FORM**

**Applications can be scanned and emailed to** [**nrobart@alcbsd.on.ca**](mailto:philkath@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 |
| **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 |

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

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| **Communication** |

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| **Listening:** Does the child/youth attend to someone who is talking? | 1 2 3  Comment: |
| **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 5  Comment: |
| **Respond Appropriately During a Conversation** | 1 2 3 4 5  Comment: |
| **Understanding Nonverbal Behaviour:** Is the child/youth able to accurately recognize and interpret nonverbal cues? | 1 2 3 4 5  Comment: |
| **Understanding Tone of Voice Cues** | 1 2 3 4 5  Comment: |
| **Public vs. Private:** Is the child/youth able to identify private versus public settings? | 1 2 3 4 5  Comment: |

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

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| **Social/ Interpersonal Skills** |

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

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| **Activities of Daily Living** |

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| **Groceries** | 1 2 3 4 5  Comment:   * Independent * With assistance |
| **Meal Preparation** | 1 2 3 4 5  Comment:   * Independent * With assistance |
| **Dishes** | 1 2 3 4 5  Comment:   * Independent * With assistance |
| **Laundry** | 1 2 3 4 5  Comment:   * Independent * With assistance |
| **Transportation:** (i.e., taking public transit) | 1 2 3 4 5  Comment:   * Independent * With assistance |
| **Hygiene:** Hand Washing | 1 2 3 4 5  Comment:   * Independent * With assistance |

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| **Hygiene:** Brushing Teeth | 1 2 3 4 5  Comment:   * Independent * With assistance |
| **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:**

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