# PART A: APPLICATION FORM

**Instructions for Completing Referral Package:** Please send the completed referral package to their home school. The referral package may also be submitted to Student Services via fax (613-354-9850) or via e-mail (ABAgroups@alcdsb.on.ca).

Parents/caregivers will be contacted once an appropriate group for their child/youth is arranged. Please note groups offered in-person will occur during non-instructional time during the school day (e.g. at recess & nutrition break) to students from the same classroom cohorts. Space in a group is not guaranteed.

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

Katie Bremner, BCBA at kbremner@alcdsb.on.ca or 613-813-3155

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| **CHILD/ YOUTH INFORMATION** |
| **Name of Child/Youth:**Click or tap here to enter text. | **Date application was completed:**Click or tap to enter a date. |
| **Gender:**Click or tap here to enter text. | **Date of Birth (mm/dd/yyyy):**Click or tap here to enter text. | **Age:**Click or tap here to enter text. | **Grade:**Click or tap here to enter text. |
| **Child/Youth’s Learning Model for the 2020-2021 School Year:** [ ]  Remote Learning [ ]  In-Person Learning |
| **School Child/Youth Attends:** Click or tap here to enter text.**Name of Teacher:**Click or tap here to enter text. |
|  **Is the child/youth currently receiving group or** **individual services (private or public)?**[ ]  Yes [ ]  No If so, please provide details: Click or tap here to enter text. |  **Current Supports at School:** (EA, SLP, OT, Etc.) Click or tap here to enter text. |

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| **MEDICAL/ PSYCHOLOGICAL INFORMATION** |
| **Is your child/youth on any medications? If yes, please specify.** [ ]  Yes: Click or tap here to enter text. [ ]  No**Known Allergies:** | **Please list all of the child/youth’s diagnoses (including medical and psychological):** Click or tap here to enter text. |
| **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:Click or tap here to enter text. Cell:Click or tap here to enter text. Email Address: Click or tap here to enter text. Address: Click or tap here to enter text. | **Contact Information:**Home:Click or tap here to enter text. Cell:Click or tap here to enter text. Email Address: Click or tap here to enter text. Address: Click or tap here to enter text. |
| **Preferred Method of Communication:**[ ] Phone [ ] Email [ ] No preference | **Preferred Method of Communication:**[ ] Phone [ ] Email [ ] No preference |

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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)*[ ]  Safety Skills Related to Covid-19 *(i.e. wearing a mask, physical distancing, handwashing)* | **Child/Youth’s Communication:**[ ]  Single Words [ ]  Short Phrases [ ]  Full Sentences [ ]  Non-Verbal |
| **Child/Youth’s Preferred Reinforcement:**Please list some items/activities your child would be motivated to work for (e.g. stickers, points, food items, small toys, activities, etc.)Click or tap here to enter text. |
| **Has your child/youth participated in a group setting in the past?** (select all that apply) [ ]  In-person group:Click or tap here to enter text. [ ]  Virtual group: Click or tap here to enter text. [ ]  No | **Preferred Service Delivery Model:** (Please note this section is for students doing in-person learning only. Virtual programming will be available for remote learners)  [ ]  IN-PERSON ONLY with peers from child/youth’s classroom cohort (e.g. during non-instructional time i.e. recess and nutrition break)  [ ]  VIRTUAL ONLY [ ]  Either in-person or virtual |

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| **CONSENT** |
| **Do you provide consent for ALCDSB ABA Program staff and/or placement students to observe your child/youth at school for assessment purposes (i.e. determining skills group goals and assessing generalization of skills)?**[ ]  Yes[ ]  No**I understand that this consent is valid for one year from the signing date below. I understand that I may revoke consent at any time.****Signature of parent/guardian:** Click or tap here to enter text. **Date:** Click or tap to enter a date. |

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| **ADDITIONAL INFORMATION** |
| Please share any additional relevant information (e.g. your child’s preferred activities, safety concerns, etc.) 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.Click or tap here to enter text. |

# 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 |

**Group Readiness**

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| **Listening and Following Directions** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Responding to Joint Attention**: Can the child look at an object that another person has directed their attention to? | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **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:Click or tap here to enter text. |
| **Imitation:** Can the child copy the actions of a peer or adult both spontaneously or when asked to? | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Turn Taking:** Can the child give up his/her turn? | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Waiting:** Can the child wait for his/her turn? | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |

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

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| **Public vs. Private:** Is the child/youth able to identify private versus public settings? | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |

**Behaviour/ Emotional Regulation**

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

**Social/ Interpersonal Skills**

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| **Introducing Him/Herself** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Joining In** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Inviting Someone to Play** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |

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| **Playing a Game with Others** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Being a Good Sport:** (i.e., they win appropriately, say good game to others etc.) | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Dealing with Losing** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Suggesting an Activity** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Sharing** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Apologizing to Others** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Responding to Teasing** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Giving a Compliment** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Accepting a Compliment** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Offering Help to Others** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Deciding What Caused a Problem** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |
| **Dating and Relationships** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |

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| **Personal Safety and Boundaries** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. |

**Activities of Daily Living**

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| **Groceries** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. [ ]  Independent [ ]  With assistance |
| **Meal Preparation** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. [ ]  Independent [ ]  With assistance |
| **Dishes** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. [ ]  Independent [ ]  With assistance |
| **Laundry** | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. [ ]  Independent [ ]  With assistance |
| **Transportation:** (i.e., taking public transit) | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. [ ]  Independent [ ]  With assistance |
| **Hygiene:** Hand Washing | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. [ ]  Independent [ ]  With assistance |

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| **Hygiene:** Brushing Teeth | [ ] 1 [ ] 2 [ ] 3Comment:Click or tap here to enter text. [ ]  Independent [ ]  With assistance |
| **Other Daily Living Skills** | [ ]  Resume Writing[ ]  Interview Skills[ ]  Budgeting |

*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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