ABA PROGRAM – SKILL DEVELOPMENT GROUPS

PART A: APPLICATION FORM

Applications can be emailed to ABAgroups@alcdsb.on.ca or faxed to Naomi Robart 613-354-9850

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?**		

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: _____ _____ _____

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 **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.) _____ _____ _____ _____
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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Please rank your preference for group timing (1st, 2nd, 3rd choice):	**What is your preference for group location?**
❑ Before school ❑ During school hours (e.g. lunch or recess) ❑ After school	_____ _____ _____

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 **Date**

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. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

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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.

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

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

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Communication	
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 Comment:
Take Turns in a Conversation	1 2 3 Comment:
Respond Appropriately During a Conversation	1 2 3 Comment:
Understanding Nonverbal Behaviour: Is the child/youth able to accurately recognize and interpret nonverbal cues?	1 2 3 Comment:
Understanding Tone of Voice Cues	1 2 3 Comment:

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Public vs. Private: Is the child/youth able to identify private versus public settings?	1 Comment:	2	3

Behaviour/ Emotional Regulation

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

Social/ Interpersonal Skills

Introducing Him/Herself	1 Comment:	2	3
Joining In	1 Comment:	2	3
Inviting Someone to Play	1 Comment:	2	3

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

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Personal Safety and Boundaries	1 2 3 Comment:

Activities of Daily Living

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

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Hygiene: Brushing Teeth	1 2 3 Comment: ☐ 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:

Naomi Robart, Board Certified Behaviour Analyst
Email: ABAgroups@alcdsb.on.ca
Fax: 613-354-9850

Algonquin & Lakeshore
Catholic District School Board