

## KINGSTON AFTER SCHOOL ABA PROGRAM

## 2018/2019 APPLICATION PACKAGE

## PART A: APPLICATION FORM

*Please provide the following information regarding your child/youth. If your child/youth is eligible for services, you will be contacted once a group appropriate for your child is arranged. Please note that space in a group is not guaranteed.*

**Please drop off Application Package (including Application Form and Questionnaire) and documentation supporting your child/youth's ASD diagnosis to their school office, to Educational Services (164 Van Order Drive), or via fax (613-542-1727).**

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

Melissa Boyd- Rupa, Coordinator of the Kingston After School ABA Program

Phone: 613-483-0596

Email: [kasp@limestone.on.ca](mailto:kasp@limestone.on.ca)

**CHILD/YOUTH INFORMATION**

<b>Name of Child/Youth:</b>		<b>Date Package was Completed:</b>
<b>Gender:</b>	<b>Date of Birth (yyyy-mm-dd)</b>	<b>Grade:</b>

**School Board (please check one):**

- Limestone District School Board       Algonquin and Lakeshore Catholic District School Board

**School Child/Youth attends:**

**Name of Teacher:**

**Current supports in the school (i.e., EA, Autism Team, Student Services):**

**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	
<p><b>Is your child/youth on any medications? If yes, please specify.</b></p> <p><input type="checkbox"/> Yes: <input type="checkbox"/> No</p> <p><b>Allergies:</b></p>	<p><b>Please list all of the child/youth's diagnoses (including medical and psychological):</b></p> <p><i>* Please attach documentation confirming ASD diagnosis.</i></p>
<p><b>Is your child/youth aware of their ASD diagnosis?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>Emergency Contact Information:</b></p> <p><b>Name:</b> <b>Phone Number:</b> <b>Relationship to Child/Youth:</b></p>	

PARENT/CAREGIVER INFORMATION	
<b>Name(s):</b>	<b>Relationship to child/youth:</b>
<p><b>Contact Information:</b> Home: Cell: Email Address:</p>	<p><b>Prefer to be reached by:</b></p> <p><input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email</p>
<b>Home Address:</b>	<b>Number of parents/caregivers that can attend weekly parent information sessions:</b> _____
<p>Do you provide consent for Kingston After School ABA Program Staff to observe your child/youth at school solely for assessment purposes (i.e. determining skills group goals and assessing generalization of skills)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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**I understand that this consent is valid for one year from the date signed below. I understand that I may revoke my consent at any time.**

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date

#### GROUP INFORMATION

**Preferred Location for Group (please check one region):**

East

Central

West

**Preferred Skills Group:**

- Social/ Interpersonal
- Communication
- Behaviour/ Emotional Regulation
- Daily Living Skills
- School/Group Readiness

**Child/Youth's Communication:**

- Single Words
- Short Phrases
- Full Sentences
- Non-Verbal

**Has the child/youth participated in a group setting in the past? If yes, please explain.**

- Yes:
- No

**Can the child/youth learn in a group setting with 6 peers?**

- Yes
- No

#### ADDITIONAL INFORMATION

**Please share any additional relevant information (i.e. your child's preferred items/activities, preferred group night, community supports, safety concerns, etc.) about your child and/or skills you would like to see focused on in 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 based on your child/youth's current 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 your child/youth never uses the skill, uses the skill with prompting, or independently uses the skill.

**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*

## School/ Group Readiness

<b>Listening</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Following directions:</b> Can your child follow one to two step directions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Responding to joint attention:</b> Can your child look at an object that another person has directed their attention to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Initiating joint attention:</b> Can your child point towards or look at an object, look to another person and then look back at the object of interest?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Imitation:</b> Can your child copy the actions of a peer or adult both spontaneously or when asked to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Turn taking:</b> Can your child take turns when playing with toys/activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Waiting:</b> Can your child wait for his/her turn when playing with toys/ activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		

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COMMUNICATION	
<p><b>Listening:</b> Does your child/youth attend to someone who is talking and make an effort to understand what is being said?</p> <p><i>For example, the child/youth responds to a peer speaking to him/her by orienting their body towards them and/or makes eye contact</i></p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Beginning a conversation:</b> Does your child/youth begin conversations with others using a variety of methods (i.e., asks questions, makes comments etc.)?</p> <p><i>For example, approaches another person, orients their body towards them and/or makes eye contact with the peer and directs a question or comment</i></p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Ending a conversation:</b> Does your child/youth end a conversation appropriately (i.e., they will say “ok I have to get going, see you later” as opposed to walking away)?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Asking for help:</b> Will your child/youth ask for help in an appropriate manner when assistance is required?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Having (contributing to) a conversation:</b> Is your child/youth able to engage in conversation?</p> <p><i>For example, your child/youth will watch and listen to what peers are talking about, wait for brief pause or break in the conversation, and join by making a comment or asking a question on topic.</i></p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Taking turns in a conversation:</b> Does your child/youth take turns in conversations by asking questions and talking about another person’s interest?</p> <p><i>For example, your child/youth will talk about their own interest briefly (i.e., 30 seconds), ask at least one question to the other, orient themselves towards to person talking and listen.</i></p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Giving a compliment:</b> Does your child/youth make complimentary statements to others?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>

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<p><b>Accepting a compliment:</b> When given a compliment, will your child/youth respond by saying, “thanks” or something similar?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Negotiating:</b> Is your child/youth able to come up with a plan and compromise with another person?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Conversational manners:</b> Does your child/youth use conversational manners (i.e., “thank you”, “please”, “you’re welcome”, “excuse me”)?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Non-verbal behaviour (body language):</b> Is your child/youth able to accurately recognize and interpret non-verbal cues in other people (i.e., when someone is bored or sad)?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Tone of voice cues:</b> Is your child/youth able to recognize the tone of voice of others and identify its meaning?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Public vs. private:</b> Is your child/youth able to identify which conversations should be had in private versus which are appropriate for public settings?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>

Social/Interpersonal Skills Group	
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<p><b>Introducing yourself:</b> Is your child/youth able to introduce himself/herself to novel peers and adults?</p> <p><i>For example, your child/youth will smile, look at the other person &amp; say “Hi, my name is _____, what is your name?” They will wait for his/her peer’s response and end the introduction with “Hi (peer’s name) it’s nice to meet you”.</i></p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Joining in:</b> Is your child/youth able to verbally request to join-in on an ongoing game or activity?</p> <p><i>For example, your child/youth will approach an ongoing activity, watch and wait to see if it is an appropriate time to join-in and ask to join-in (e.g., “hey, can I play?”)</i></p> <ul style="list-style-type: none"> <li>• <i>If the peer says “yes” or an appropriate variant your</i></li> </ul>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>

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<p><i>child will join –in by engaging in the same activity.</i></p> <ul style="list-style-type: none"> <li><i>If the peer says “no” or a similar variant your child will choose to do something else.</i></li> </ul>	
<p><b>Inviting someone to play:</b> Does your child/youth walk towards a peer and ask the peer if they want to play?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Playing a game:</b> Does your child/youth engage in play activities (e.g., plays a game side-by-side) with peers for a minimum of 15 minutes. During the play activity, will your child/youth take turns and share preferred toys or items related to the game with peers?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Being a good sport:</b> Does your child/youth exhibit sportsmanship skills? (i.e., when they win appropriately they say “good game” to others and when they lose they respond appropriately and remain calm)</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Suggesting an activity:</b> Does your child/youth suggest an activity when he/she wants to play?</p> <p><i>For example, your child will pick an activity he/she wants to suggest, approach a peer and suggest the activity.</i></p> <ul style="list-style-type: none"> <li><i>If the peer says “yes” or a similar variant, your child/youth will engage in the activity with his/her peer or plan (discuss a date) for when they can engage in the activity at a later time.</i></li> <li><i>If the peer says “no” or a similar variant your child/youth will say “OK” or a similar variant, suggest another activity or ask his peer to suggest an activity.</i></li> </ul>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Sharing:</b> Does your child/youth share items with his/her peers.</p> <p><i>For example, if a peer asks your child/youth to share an item, your child/youth will provide peer with access to the item for a minimum of 1 minute.</i></p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Apologizing:</b> Does your child/youth apologize to a peer or adult when necessary?</p> <p><i>For example, your child/youth will identify (label) that he/she</i></p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>

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<i>has made an error, decide if an apology is necessary and if so, apologize (i.e., “I am sorry for spilling your juice”).</i>	
<p><b>Negotiating:</b> Will your child/youth give and take in order to reach a compromise?</p> <p><i>For example, your child/youth will decide if they and another person disagree, share how they feel about the problem, ask the other person how they feel about the problem, and listen to the answer. Your child/ youth will also suggest or ask for a compromise.</i></p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Responding to teasing:</b> Does your child/youth respond appropriately to teasing?</p> <p><i>For example, when your child/youth is confronted with a teasing statement they will STOP and think about appropriate choices (i.e., ignore, ask person to stop, tell someone), then act out the appropriate choice, while remaining calm.</i></p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Giving a compliment:</b> Does your child/youth make complimentary statements to others? (e.g., “great cars”, “you’re smart”, etc.)</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Accepting a compliment:</b> When given a compliment, does your child/youth respond by saying, “thanks” or something similar?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Avoiding trouble:</b> Does your child/youth avoid situations that could get them into trouble (i.e., peers are breaking a rule)?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Offering help to others:</b> Will your child/youth offer help to others if they are able to do so?</p>	<p><input type="checkbox"/> 1                      <input type="checkbox"/> 2                      <input type="checkbox"/> 3</p> <p>Comment:</p>
<p><b>Deciding what caused a problem:</b> When a problem arises,</p>	



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can your child/youth identify what caused the problem?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Problem solving:</b> When a problem arises, is your child/youth able to come up with a possible solution to the problem?  <i>For example, when given a situation/scenario your child/youth can label a positive solution to the problem.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		

Behavioural/ Emotional Regulation			
<b>Knowing their feelings:</b> Is your child/youth able to identify their internal emotions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Identifying triggers:</b> Is your child able to identify situations that cause him/her to be angry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Expressing their feelings:</b> Does your child/youth verbally express his/her internal feelings/emotions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Relaxing:</b> When your child/youth becomes upset/anxious/angry etc., will they make an active attempt to relax themselves (i.e., deep breathing)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Problem solving:</b> When a problem arises, is your child/youth able to come up with a possible solution to the problem?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		
<b>Accepting no:</b> When told no, will your child/youth respond appropriately?  <i>For example, when someone says “no” (or when he/she is denied access to an item or activity), he/she will stop what they are doing, verbally ask “what are my choices?” (or an alternative) and will choose from the options presented or</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Comment:		

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<i>choose another activity independently.</i>	
<b>Redirecting negative thoughts:</b> Does your child/youth know how to reframe negative thoughts into positive thoughts?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comment:

ACTIVITIES OF DAILY LIVING	
<b>Grocery Shopping</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comment:
<b>Meal Preparation</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comment:
<b>Doing Dishes</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comment:
<b>Laundry</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comment:
<b>Transportation:</b> (i.e. taking public transit)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comment:
<b>Other Daily Living Skills</b>	<input type="checkbox"/> Resume Writing <input type="checkbox"/> Interview Skills <input type="checkbox"/> Budgeting