



## Social Skills Intake Form

### Client Information

Client Last Name:	Client First Name:	Preferred/Other Name:
Client Birthday (MM/DD/YYYY):	Sex:	FSCD Number (If Applicable)
Client Diagnosis:	Current FSCD Contract: YES / NO	FSCD Worker (If Applicable)
Allergies		

### Family Information

Parent/Guardian #1 Last Name		Parent/Guardian #1 First Name
Email Address:	Phone Number:	Primary Language Spoken:
Address:		
Parent/Guardian #2 Last Name		Parent/Guardian #2 First Name
Email Address:	Phone Number:	Primary Language Spoken:
Address:		

### Emergency Contact Information

Emergency Contact #1 Last Name		Emergency Contact #1 First Name
Email Address:	Phone Number:	Relationship to Client
Address:		

**Description of Program**

In this 12-week program, your child will learn skills to cope with challenging situations within play environments. They will learn to take turns, follow their peer's lead in play, cope with losing, and problem-solve. Children will be participating in video recordings for programming purposes.

**Client Preferences**

What are some of your child's strengths:
What are some of your child's preferred/favourite activities:
What are some of your child's hobbies/interests:

**Client Profile**

Please provide the following information as accurately and best as possible. This will ensure that your child has a successful experience in the program.

Communication

Please describe the current level:

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Behaviour

- Runs away
- Non-Compliant/Doesn't Follow Directions
- Impulsive
- Self-Injurious
- Aggressive Behaviours
- Challenges with Transitions

If any boxes are checked, please describe:

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Play and Social Skills

Please describe the current level:

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Other Information

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## Service Agreement

### Payment Information

The fee for the Social Skills program is \$1000.00 for the 12-week program. Direct billing is available for clients with current and active FSCD contracts. Parents must pay \$158.00 at the program's start, and the remaining amount will be directly billed monthly with an approved invoice. If applicable, a copy of an active FSCD contract will need to be provided before starting the program. If there is no FSCD contract, then the family will be responsible for paying the entire amount.

Active FSCD Contract       Private Pay (Cash / Cheque / Credit Card / E-Transfer)

### Cancellations and/or Poor Attendance

Due to the schedule of sessions, we cannot make up in-person sessions lost due to missed sessions. The family will be provided with the materials created that were covered during the missed session.

**Cancellations must be made 24 hours before the scheduled session to ensure materials can be provided on time. If cancellation occurs, the family will be invoiced for 50% of the session.**

With the nature of the week-to-week sessions, it is important that attendance is 100%; if more than 3 sessions are missed, removal from the program will be discussed.

### Invoicing Policy

Caregivers must sign monthly invoices provided via email; unless other arrangements are made, you have one week (7 calendar days) from receiving the invoice to approve it. If you do not sign and return this invoice in one week, your programming will be placed on hold until the invoice is approved. Approval can be done by replying to the email by typing "APPROVED," signing the invoice, and scanning it back. Questions regarding your invoice can be directed to your Coordinator or the billing department.

### Illness Policy

We must ensure that all of our clients and staff stay as healthy as possible, especially during cold and flu season and in the wake of the Covid-19 pandemic. We ask that families let us know right away if their child or a family member is ill. It is important to note that many of our Therapy Support Aide works with more than one family during their workday. If the Therapy Support Aide catches a cold or flu with one Child, they might go to their next family's home and spread the illness. This protocol has been developed to ensure that illness is not spread from family to family.

Your child will be deemed unable to do therapy if they have any of the following symptoms or illnesses within 24 hours or upon arrival:

- Uncontrolled diarrhea (stool runs out of the diaper, Child can't get to the toilet in time, or 3 or more bouts of diarrhea in one day).
- The child does not feel well enough to participate comfortably in the usual therapy activities.
- An armpit temperature of 100°F or greater.
- Vomiting (to resume therapy, vomiting must be stopped for 24 hours or a health professional must have given written permission indicating that it is safe for the child to resume therapy).
- Discharge from the nose that is persistent and yellow or green in colour (not associated with allergies).
- Pink eye with white or yellow discharge from the eye (therapy must not be resumed until 24 hours after treatment is started).



- Rash with fever or behaviour change (therapy may resume once a health professional has given written permission indicating that it is safe for the child to resume therapy).
- Mouth sores with drooling unless a health professional determines the child's illness is not contagious.
- Scabies, head lice, or other infestation (therapy may resume 24 hours after treatment starts and the child is nit-free).

## Application Process

Parents/Caregivers must complete a full intake application to ensure this program is suitable for the child. A phone call will take place to understand the child better. If the client needs to gain pre-requisite skills, they may be referred to an alternative program to develop missing skills.

## Recording Policy

The children and staff will be video recorded in this program for internal purposes. These videos will be integral to the success of this program. The video recordings will not be used for any other purpose unless consent is given. However, best efforts will be made to ensure they remain internal. Check the consent level you are comfortable with, leave the rest blank.

- I give Elevated Abilities consent to use videos in the current **and** future programs.
- I give Elevated Abilities consent to use videos in the current program.
- I give Elevated Abilities consent to use videos in Social Media/Marketing materials (parents/caregivers will be present with material for approval for publishing)

The Social Skills Group will use a program called Class Dojo to act as an intermediate between the families and the therapist. This program is secure and offers communication, sharing, and storing of files. More information will be provided.

## Parental/Caregiver Involvement

Parental/Caregiver involvement will be integral to the child's progress. There will be weekly homework for the child and family to complete and check-ins with the parent/caregivers. Without this involvement, the treatment outcome can be negatively impacted.

## Housekeeping Items

Snacks/Food – Clients are welcome to bring snacks and water to the program. We will not have access to a fridge or microwave.

Communication Process – Please email or use Class Dojo to connect with the therapist.

Doors open at 4:25, and Therapy starts at 4:30.

Parking and Location will be provided.



# Elevated Abilities

Growing Better Together

## Consent

I, \_\_\_\_\_, hereby give consent for:

- Provide and Release Information to Professionals within Elevated Abilities for the purpose of clinical support as deemed necessary.
- Provide and Release Information to Professionals with FSCD for the purpose of clinical support as deemed necessary.
- Provide and Release Information to Professionals within other professionals for the purpose of clinical support as deemed necessary.  
Please specify: \_\_\_\_\_

I understand the above policies and procedures and have provided accurate and up-to-date information about the client.

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please send completed forms to [abattistone@elevatedabilities.ca](mailto:abattistone@elevatedabilities.ca)**