AUTISM SERVICES

YOUNG-TEEN, TEEN & ADULT CLUBS INFORMATION

Appendix F

PLEASE PRINT CLEARLY

609 - 25th Street East
Saskatoon, SK S7K 0L7
Phone: (306) 665 – 7013
Fax (306) 665 – 7011
Email: admin@autismservices.ca

PARTICIPANT **Media consent given: _____Yes _____No**
Name:_____
(First, Last)
Date of Birth:_____

Diagnosis	Approximate Date of Diagnosis
Does the participant know he / she has a form of autism spectrum disorder? ☐ YES ☐ NO	

1. Please describe the participants social and recreational interests.

2. As a parent what are your goals in registering your child in this program?

3. As this is a social and recreational group we sometimes incorporate food into the program, is there any food or beverage your child is not allowed to have

4. Is there anything unique we should know about your child so that we can help him/her have a successful and positive experience?

Date	**Parent/Guardian Name (Please Print)**	**Parent/Guardian Signature**