

We only require you to complete this form once for the 2020 program calendar year. Once we receive this form it will be kept on file until December 31, 2020.

All questions on the form must be completely filled out. This is how our employees who are working with your child/adult get to know them. The more information you provide the better. With this, it allows us to provide the best possible support for your child/adult.

General Information:

1. Parent(s) / Guardian(s) Name(s): _____
2. Client Name: _____ They are _____ years old
3. Gender: Male Female
4. Check One: This is my first time attending a Family Program
 I have attended a Family Program before

Medical Information:

1. Their Saskatchewan Health Card # is: _____ (9 Digits)
2. They were diagnosed with Autism (& _____) at the age of _____
They are Aware / Unaware of this diagnosis
They are not diagnosed with Autism, but are currently on the waitlist for a diagnosis
3. List any other medical information: _____

Communication:

1. They are Fully verbal / Partially verbal / Nonverbal
2. The way they communicate is through: (check all that apply)
Words PECS Sign Language Devices
Grunts Squeals Gestures Other: _____

Toileting:

1. They are Completely toilet trained / Partially toilet trained / Not toilet trained
2. They Will / Will not tell us when they have to go to the bathroom
3. If they are not fully toilet trained, what kind of assistance do they require from staff?

Behaviours:

1. What does it look like if your child/adult were to lose control and begin to have a meltdown?

2. When meltdowns happen, what can our staff do to help calm them down and regain control?

Client Name: _____

3. Can they become physically aggressive at times? Yes / No
- If you answered yes, what can staff do to help decrease the aggression if it happens?
4. What are their attention seeking behaviours and what can staff do to help decrease them if they happen? Are there any behaviours that our workers should know not to encourage?

Sensory:

1. Are there considerations we need to keep in mind regarding any sensory needs? (Ex. Lights, noises, smells, environment)

Additional Information:

1. What are some areas of interest(s) of your child/adult?
2. What is your child/adults areas of strength?
3. What do you want our staff to know about your child/adult in order to help them have the best possible program experience they can with us?