**OKP Autism Services**

**Group Readiness Checklist**

*Disclaimer: If the child/teen displays behaviours that are disruptive to the group during group sessions, individual service may be recommended at that time.
This group readiness probe session does not guarantee that the child will be successful in the group.*OKP team member completing intake form:

|  |  |
| --- | --- |
| Name & Age  |  |
| Group(s) of Interest\*Check all that Apply | ☐Social Group☐Curriculum Based Group ☐Vocational Group☐Blended Model ☐Workshop Series  |
| Diagnoses: |  |
| Communication Skills: | ☐ Fluent Speech     ☐ Single Word     ☐ Simple Phrases     ☐ Sign Language ☐ Visuals  | ☐ Augmentative Communication Device     ☐ PECS    ☐ Nonverbal        ☐Others:        |
| What level of support does your child require | ☐ No support☐ One to one support |
| Behaviour Concerns | ☐ Flight risk (running away)☐ Aggression (verbal or physical)☐ Repetitive Behaviour☐ Restricted Interest☐ Refusal ☐ Destruction | ☐ Tantrums☐ Screaming ☐Self-Harm☐ Attachment ☐ Transitions ☐ Other: |
| Successful behaviour strategies that are currently in place: | ☐ Visuals☐ Redirection☐ First Then ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your child have any medical conditions that will interfere with participation (i.e. Medication, seizure disorder, allergies) | ☐ Yes Please Specify:☐ No |
| What would prevent your child from participating in group? (i.e. major life events) |  |
| What are your child’s interests? |  |
| Does your child interact with others, or do they prefer to be alone? |  |
| What skills are you hoping your child will gain from participating in this group? |  |

**Past Group Experience**

|  |  |
| --- | --- |
| Previously involved in a group? | ☐ Yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ No |
| What made the group successful/unsuccessful (Were there any modification to the group or extra support provided) |  |
| Were there any challenges? |  |

 **Learning Readiness:**

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **Comments:** |
| Able to sit in a group |  |  |
| Able to attend to speaker[ ]  Orients body  |  |  |
| Able to take turns with a peer |  |  |
| Initiates joint attention (e.g., will draw another person’s attention to something of interest) |  |  |
| Can respond to joint attention (e.g., can attend to another person’s interest) |  |  |
| Responds to his/her name |  |  |
| Follows 1-step instructions  |  |  |
| Follows multi-step instructions  |  |  |
| Imitation skills* Imitates others (spontaneous)?
* Imitates when asked?
 |  |  |
| Reinforcement* Motivation
* Reinforcement systems (e.g., token economy)
 |  |
| Interests include:(e.g., activities, games, toys) |  |

 **Family/Contact Information**

|  |  |
| --- | --- |
| Parent(s)/Caregiver(s) providing information: |  |
| Best phone number to use: |  |
| Email: |  |
| Emergency Contact |  |
| Transportation: Pick up/Drop offConsent for other Persons: |  |

**Availability: What dates and times WORK for your family for future service offerings?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** |
| [ ]  3:30[ ]  4:00[ ]  4:30[ ]  5:00[ ]  5:30[ ]  6:00[ ]  6:30 | [ ]  3:30[ ]  4:00[ ]  4:30[ ]  5:00[ ]  5:30[ ]  6:00[ ]  6:30 | [ ]  3:30[ ]  4:00[ ]  4:30[ ]  5:00[ ]  5:30[ ]  6:00[ ]  6:30 | [ ]  3:30[ ]  4:00[ ]  4:30[ ]  5:00[ ]  5:30[ ]  6:00[ ]  6:30 |

**Comments from Parent/Caregiver:**