



STUDENT INTAKE APPLICATION

Please Select All the Program(s) That You Are Applying For:

The Routine Marines	
Agents for Change	
Independent Mountaineers	
The GROW (Getting Ready for Opportunities at Work) Program	
Social Navigators (Teen Program)	
Transition Pathfinders (Graduate Program)	
Summer Programming	
Person-Directed Planning	

Please Select Any Additional Programs That You May Be Interested in Joining or Learning More About:

Independent Mountaineers	
Agents for Change	
The Routine Marines	
The GROW (Getting Ready for Opportunities at Work) Program	
Social Navigators (Teen Program)	
Transition Pathfinders (Graduate Program)	
Summer Programming	
Person-Directed Planning	
Other (please specify)	

Student Information:

Student's Last Name:	Student's First Name:
Name of Parent, Guardian, or Primary Care Support:	Relationship to Student:
Street Address:	City and Postal Code:
Caregiver's Home Phone Number:	Caregiver's Cell Number:
Student's Cell Number:	Date of Birth:
Primary Physician Name:	Primary Physician Phone Number:

Please Check All That Apply:

Autism Spectrum Disorder	<input type="checkbox"/>	Visually Impaired	<input type="checkbox"/>
Intellectual Development Disorder	<input type="checkbox"/>	Hearing Impaired	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Epilepsy or Seizures	<input type="checkbox"/>
Brain or Neurological Injury	<input type="checkbox"/>	Speech Difficulty	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	Mobility Challenges	<input type="checkbox"/>
Impulse Control Issues	<input type="checkbox"/>	Medical Illness (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Physical Disability (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Mental Health Disability (please specify)	<input type="checkbox"/>

Additional Information:

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Allergies (please specify):

ALLERGY TO:	POSSIBLE REACTION:

Does the student require an Epi-Pen? (please circle) YES NO

Medication (please specify):

MEDICATION:	PURPOSE:

Please note: no medication (prescribed or over the counter) can be dispensed without the receipt of a completed **Administration of Prescribed Medication Form** – signed by a physician.

Behavioural Concerns (please specify as MI-mild, MOD-moderate, S-severe)

Mild – Occurs 2-3 times – or less – per month

Moderate – Occurs 2-3 times per week

Severe – Occurs every day

REFER TO THE LAST TWO PAGES OF DOCUMENT FOR BEHAVIOURAL DEFINITIONS

BEHAVIOUR	SEVERITY RATING	CAUSE AND/OR TRIGGER
1. Disruptive		
2. Self-Injurious		
3. Verbally Aggressive		
4. Physically Aggressive		
5. Defiant/Oppositional		
6. Anxious		
7. Property Destruction		

Behavioural Concerns Continued (please specify as MI-mild, MOD-moderate, S-severe)

Mild – Occurs 2-3 times – or less – per month

Moderate – Occurs 2-3 times per week

Severe – Occurs every day

REFER TO THE LAST TWO PAGES OF DOCUMENT FOR BEHAVIOURAL DEFINITIONS

BEHAVIOUR	SEVERITY RATING	CAUSE AND/OR TRIGGER
8. Confusion		
9. Inattentive/Distracted		
10. Elopes		
11. Wanders/Paces		
12. Impulsive		
13. Has Eating Issues		
14. Steals (food or items)		
15. Boundary Issues		
16. Grandiosity		
17. Issues with Emotional Regulation		
18. Inappropriate Sexual Behaviour Towards Others		
19. Inappropriate Sexual Behaviour Towards Self		

Additional Information:

Daily Living Skill Set (please check all that apply):

DOES INDEPENDENTLY		NEEDS ASSISTANCE	
Can be left alone for periods of time/ requires minimal supervision		Requires constant supervision	
Can follow verbal instructions		Requires a lot of prompting to follow instructions	
Can use the washroom		Requires assistance with toileting (wiping)	
Can feed himself		Requires assistance to eat meals	
Can open/close buttons, buckles, and zippers		Requires assistance to open/close buttons, buckles, and zippers	
Can communicate needs verbally		Is non-verbal and/or uses an augmentative communication device	
Can use public transportation alone		Needs support using public transportation	
Drives a vehicle		Family arranges and/or provides transportation	

READING AND WRITING SKILLS (please check the most suitable box):

Can only recognize letters	
Basic reading and writing	
Intermediate reading and writing	
Advanced reading and writing	

Goals for the Program:

BEHAVIOURAL DEFINITIONS

BEHAVIOUR	DEFINITION
1. Disruptive	Disruptive behaviours are those which a reasonable person would consider as being likely to interfere with the conduct of the class including substantially or repeatedly interrupting others, constantly getting out of his/her seat, vocal stereotypy (stimming), and other socially inappropriate acts.
2. Self-Injurious/Self Harm	The individual engages in intentional, direct injuring of body tissue without suicidal intent. The following examples are included: head banging, hitting oneself, kicking oneself, biting oneself, scratching or skin picking, self-gagging, pinching oneself, rectal digging, pica (eating non-food items), dropping (any instance of individual forcefully dropping to the floor with no visible cause), body slamming (any instance of an individual making contact with his/her body and any object with enough force to make a visible mark), body rubbing (any instance of an individual using his/her hand to rub a part of his/her body hard enough and frequently enough to cause a visible mark , burn, or tissue damage), and cutting oneself.
3. Verbally Aggressive:	The individual exhibits any language (verbal or nonverbal) that is directed at someone in a threatening or harmful manner. This can include obscene gestures and profanity.
4. Physically Aggressive	The individual exhibits one of the following (or similar) behaviours that have the potential to cause harm to another person: hitting, kicking, headbutting, scratching, pinching, biting, pushing, throwing objects, hair pulling, spitting.
5. Defiant/Oppositional	The individual does not like/want to follow given instructions, is not willing to accept criticism or disapproval, and challenges authority.
6. Anxious	The individual experiences worry, unease, or nervousness, typically about an imminent event or something with an uncertain outcome.
7. Property Destruction	The individual is known to throw objects, break objects, and/or knock over furniture.
8. Confusion	The individual often has a lack of understanding of the situation or topic at hand.
9. Inattentive/Distracted	The individual is often not able to pay attention to what is going on in the current moment.
10. Elopes	The individual is known to leave the assigned building/structure without permission. This includes leaving a bus or leaving grounds such as a park or store – without permission.

BEHAVIOURAL DEFINITIONS CONTINUED

11. Wanders/Paces	The individual often walks at a steady and consistent speed, especially back and forth and as an expression of one's anxiety, annoyance, and/or self-stimulatory behaviour.
12. Impulsive	The individual has little knowledge of – or regard for – safety or consequences.
13. Has Eating Issues	The individual has abnormal or disturbed eating habits.
14. Steals (food or items)	The individual is known to take items that are not his/hers – without permission – and without the obvious intention to return it.
15. Boundary Issues	A boundary makes it clear that an individual is responsible for his/her own actions, thoughts, and feelings – and not for that of others. If an individual lacks boundaries, he or she is prone to accept or disregard responsibilities that are or are not his/hers because he/she does not know where his/her responsibilities end, and someone else's begin.
16. Grandiosity and/or Feelings of Invincibility	The individual has an exaggerated belief of self-importance, superiority, achievement, and ability; manipulative behaviors as well as expectations of obedience, admiration, and entitlement; and preoccupation with “fantasies about success, power, brilliance, beauty, or the perfect mate”.
17. Issues with Emotional Regulation	Gets emotionally heightened and does not have the skills to bring him/herself back down to a neutral level. Emotions do not match the situation.
18. Inappropriate Sexual Behaviour Towards Others	Attempts and/or successes at touching, groping, grabbing other in their private areas or making physical contact of a perceived sexual nature which is unwanted by the other person.
19. Inappropriate Sexual Behaviour Towards Self	Any instance of a student putting their hands inside of their pants or rubbing their private parts on any other object or person with the intent of sexual stimulation.