

Information was collected over the phone and verbal consent was provided by the informant to gather the information below for the purpose of determining fit and eligibility for this Worktopia program.

Participant Intake

Eligibility Checklist & Screening Questionnaire

DATE OF SCREENING (day/month/year): **August, 2016**

WORKTOPIA PROGRAM: CommunityWorks Canada® EmploymentWorks Canada SchoolWorks Canada

GENERAL PARTICIPANT INFORMATION	
Participant First name: Jane	Participant Last name: Doe
Name of person providing information: Susan Doe <i>(if different from participant)</i>	Date of Birth: <i>(02/07/1999)</i>
Relationship to the participant: <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Care Provider <input type="checkbox"/> Other	
Participation in previous Worktopia program? <input type="checkbox"/> Yes (<input type="checkbox"/> CWC <input type="checkbox"/> SWC) <input checked="" type="checkbox"/> No	
SECTION A:	
ELIGIBILITY AND FIT FOR PROGRAM	
The following is a checklist of the necessary requirements for a participant to be eligible for a Worktopia program:	
BASIC REQUIREMENTS	
<input checked="" type="checkbox"/>	Diagnosed with ASD? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
<input checked="" type="checkbox"/>	Must be between the ages of 15 to 29. Please check the box that represents the participants age below. Age: <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29
<input checked="" type="checkbox"/>	Must have a valid Social Insurance Number (SIN) at the time of program start with proof of legal right to work in Canada (e.g. Canadian Citizenship, Landed Immigrant Status, Valid Work Permit, etc.). <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
<input checked="" type="checkbox"/>	Receiving EI benefits or currently eligible to collect EI? <input type="checkbox"/> Yes (if yes, not eligible) <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	Must be able to commit to 14 weeks (including orientation and program wrap-up) of programming? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
FUNCTIONAL REQUIREMENTS	
<input checked="" type="checkbox"/>	Independent toileting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible - exceptions considered on a case by case basis)
<input checked="" type="checkbox"/>	Able to travel independently or have transportation arrangements to and from the program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
<input checked="" type="checkbox"/>	Able to sustain participation/interest in a structured learning environment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
<input checked="" type="checkbox"/>	At risk for elopement or abruptly abandoning session? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, not eligible)
<input checked="" type="checkbox"/>	Currently presents with a serious risk of self-harm or suicide? <input type="checkbox"/> Yes (if yes, refer to physician/health care provider for completion of Worktopia Medical Care form – may still be eligible at a later time) <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/>	Currently presents with an unstable medical condition (e.g. seizure disorder or other condition not stabilized with medication)? <input type="checkbox"/> Yes (if yes, refer to physician/health care provider for completion of Worktopia Medical Care form – may still be eligible at a later time) Describe the condition: _____ <input checked="" type="checkbox"/> No

Does the participant have any other behavioral or emotional concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? <input type="checkbox"/> Frequently <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
What triggers these behaviours or emotional concerns? Jane has ADHD and, as a result, she sometimes has difficulty paying attention and staying focused on non-preferred tasks. She also may have difficulties following a series of instructions when learning a new task. She sometimes appears tired in class (e.g. puts her head down).	
What strategies do you use to manage these behaviours or emotional concerns? (i.e.: talking, personal space, etc.): Jane's strength is that she is a very good reader. Visual strategies with lists of instructions are helpful to her when learning new tasks. If she appears tired/lethargic, allow her to have a short movement break (e.g. stand up and go to the back of the class) and/or get a drink of water. Also, if she knows that a non-preferred activity is time limited and then she can have a break, this will help her motivation.	
What level of support does the participant need in the community? <input checked="" type="checkbox"/> Independent (familiar situations) <input checked="" type="checkbox"/> Requires support (supervision in unfamiliar situations)	
If support is required in the community, please describe: She requires supervision in unfamiliar situations until she becomes familiar with the physical setting and the task requirements. For example, she can take city transit independently for familiar routes. When learning a new route, she usually needs supervision for the first trip or two until she becomes familiar with the bus route, stops and walking directions.	
Does the participant have an understanding of general safety issues within the community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>IF APPLICABLE:</i> What type of program, if any, is the participant enrolled in at school: <input type="checkbox"/> Fully integrated with neuro-typical peers <input checked="" type="checkbox"/> Cluster type program (Educational Support) <input type="checkbox"/> Autism specific classroom <input type="checkbox"/> Other (describe):	
What would the participant most like to gain from this Worktopia program? Want a job: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Learn more about employment preferences: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Develop friendships: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Other (describe): volunteer opportunities	
Is there anything else that the participant would like us to know about them and/or their family?	
<i>If the responses to Section A and B above DO NOT preclude the eligibility of an individual to participate in this Worktopia program, please proceed with the next phase of the Intake Process and complete the more detailed Participant Application Form and Section B of the Participant Information Form (PIF).</i>	

SUMMARY OF RESULTS:

 Advance to Next Intake Phase (Participant Application Form, Interview and PIF): **Yes** **No**

 Assign to Program Wait List for participation at a later time: **Yes** **No**

 Notes:

Participant Name: _____

Program Staff Name: _____