

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				
<b>WORKTOPIA PROGRAM:</b> □ Community <i>Works</i> Canada <sup>®</sup> □ Employment <i>Works</i> Canada □ School <i>Works</i> Canada				
	GENERAL PARTICI	PANT INFORMATION		
Par	Participant First name: Jane Participant Last name: Doe			
Name of person providing information: Susan Doe (if different from participant)			Date of Birth: (02/07/1999)	
Relationship to the participant: X Parent □ Friend □ Care Provider □ Other				
Par	ticipation in previous Worktopia program?   Yes (	CWC SWC) X No		
SE	CTION A:			
	ELIGIBILITY AND	FIT FOR PROGRAM		
The	e following is a checklist of the necessary requirements	for a participant to be el	ligible for a Worktopia program:	
	BASIC REQUIREMENTS			
Χ	Diagnosed with ASD? X Yes	gible)		
Х	Must be between the ages of 15 to 29. Please check the box that represents the participants age below.  Age: □15 □16 X17 □18 □19 □20 □21 □22 □23 □24 □25 □26 □27 □28 □29			
Х	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.).  X Yes  No (if no, not eligible)			
χ	Receiving EI benefits or currently eligible to collect E	I? ☐ Yes (if yes, not eli	gible) X No	
Х	Must be able to commit to 14 weeks (including orientation and program wrap-up) of programming?  X Yes □ No (if no, not eligible)			
	FUNCTIONAL REQUIREMENTS			
Χ	Independent toileting? X Yes	le - exceptions considere	ed on a case by case basis)	
Х	Able to travel independently or have transportation arrangements to and from the program?  X Yes   No (if no, not eligible)			
Х	Able to sustain participation/interest in a structured learning environment? X Yes   No (if no, not eligible)			
Χ	At risk for elopement or abruptly abandoning session	? <b>Yes</b> X No (if yes, i	not eligible)	
Х	Currently presents with a serious risk of self-harm or suicide?   Yes (if yes, refer to physician/health care provider for completion of Worktopia Medical Care form – may still be eligible at a later time)  X No			
Х	Currently presents with an unstable medical condition medication)?  — Yes (if yes, refer to physician/health care provider be eligible at a later time) Describe the condition:			



Participant Name:	

If the responses to Section A above DO NOT preclude the eligibility of an individual to participate in this Worktopia program, please proceed with the completion of Section B below.

SECTION B:				
DETAILED PARTIC	PANT INFORMATION			
In addition to the diagnosis of ASD does the participant have any other diagnoses?	If yes, please list: Epilepsy (this is completely controlled on medication); ADHD; Allergies (peanuts, nuts, gluten).			
X Yes □ No				
Does the participant have any physical limitations?  ☐ Yes X No	If yes, please list:			
Does the participant have a medical condition that may require emergency care?  X Yes   No	If yes, describe their condition and the protocol for their care:  If she has an allergic reaction to peanuts, administer her EpiPen: <a href="http://www.epipen.ca/en/about-epipen/how-to-use">http://www.epipen.ca/en/about-epipen/how-to-use</a> In case of a seizure (this happens rarely), place her in side-lying (as she may vomit) and time the seizure. If it lasts more than 5 minutes, call 911. If it lasts less than 5 minutes, call her parents or emergency contact to pick her up.			
What form of communication does the participant consistently use?  □ Single words □ Simple Phases X Fluent Speech □ Sign Language □ Leading/guiding □ Augmentative Communication Device □ PECS □ Nonverbal □ Others:				
Participant's ability to engage independently in a variety of Do they do chores at home?  Do they participate in extra-curricular activities?  Do they have ongoing, regular interactions with friend Do they have any previous work experience?  Do they have any previous volunteer experience?	X Yes □ No X Yes □ No			
Does the participant engage in aggressive behaviors?  ☐ Yes X No	If yes, how often? ☐ Frequently ☐ Sometimes ☐ Occasionally ☐ Seldom			
Describe the last time the participant showed aggression:				
Does the participant engage in self-injurious behaviors?  ☐ Yes X No	If yes, how often? ☐ Frequently ☐ Sometimes ☐ Occasionally ☐ Seldom			
Describe the last time the participant engaged in a self-injurious behavior:				
Has the participant engaged in destruction of property?  ☐ Yes X No	If yes, how often? ☐ Frequently ☐ Sometimes ☐ Occasionally ☐ Seldom			
Describe the last time the participant engaged in destruction of property:				



Participant Name: \_\_\_\_\_



Does the participant have any other behavioral or	If yes, how often? ☐ Frequently X Sometimes				
emotional concerns? X Yes □ No	☐ Occasionally ☐ 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 com X Independent (familiar situations) X Requires support	nmunity? ort (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?  X Yes □ No					
<ul> <li>IF APPLICABLE: What type of program, if any, is the participant enrolled in at school:</li> <li>□ Fully integrated with neuro-typical peers X Cluster type program (Educational Support)</li> <li>□ Autism specific classroom □ Other (describe):</li> </ul>					
What would the participant most like to gain from this Worktopia program?  Want a job: X Yes  No Learn more about employment preferences: X Yes  No  Develop friendships: X Yes  No Other (describe): volunteer opportunities					
Is there anything else that the participant would like us to know about them and/or their family?					
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).					
SUMMARY OF RESULTS:  Advance to Next Intake Phase (Participant Application Assign to Program Wait List for participation at a la					
Notes:					





	Opportunities that matter.	Participant Name:
Progra	m Staff Name:	