

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: 02/08/2016 (This form is completed with fictitious names and information)

WORKTOPIA PROGRAM:  CommunityWorks Canada®  EmploymentWorks Canada  SchoolWorks Canada

GENERAL PARTICIPANT INFORMATION	
Participant First name: Dan	Participant Last name: Ho
Name of person providing information: <i>(if different from participant)</i>	Date of Birth: 04/06/1997 <i>(dd/mm/yyyy)</i>
Relationship to the participant: <input 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	
<b>SECTION A:</b>	
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	
X	Diagnosed with ASD? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
X	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 type="checkbox"/> 17 <input type="checkbox"/> 18 <input checked="" 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
X	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
X	Receiving EI benefits or currently eligible to collect EI? <input type="checkbox"/> Yes (if yes, not eligible) <input checked="" type="checkbox"/> No
X	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	
X	Independent toileting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible - exceptions considered on a case by case basis)
X	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)
X	Able to sustain participation/interest in a structured learning environment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
X	At risk for elopement or abruptly abandoning session? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, not eligible)
X	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
X	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

*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 PARTICIPANT INFORMATION**

 In addition to the diagnosis of ASD does the participant have any **other diagnoses?**
 **Yes**       **No**

 If yes, please list: **Anxiety, OCD (skin picking)**

Does the participant have any physical limitations?

 **Yes**       **No**

If yes, please list:

Does the participant have a medical condition that may require emergency care?

 **Yes**       **No**

If yes, describe their condition and the protocol for their care:

What form of communication does the participant consistently use?

 Single words     Simple Phases     **Fluent Speech**     Sign Language     Leading/guiding  
 Augmentative Communication Device     PECS     Nonverbal     Others:

Participant's ability to engage independently in a variety of tasks:

Do they do chores at home?	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Do they participate in extra-curricular activities?	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Do they have ongoing, regular interactions with friends?	<input type="checkbox"/> <b>Yes</b>	<input checked="" type="checkbox"/> <b>No (only occasionally see friends)</b>
Do they have any previous work experience?	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Do they have any previous volunteer experience?	<input type="checkbox"/> <b>Yes</b>	<input checked="" type="checkbox"/> <b>No</b>

Does the participant engage in aggressive behaviors?

 **Yes**     **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**     **No**

 If yes, how often?     Frequently     **Sometimes**  
 Occasionally     Seldom

 Describe the last time the participant engaged in a self-injurious behavior: **I pick my skin (cuticles) when I'm nervous, anxious, stressed, or bored.**

Has the participant engaged in destruction of property?

 **Yes**     **No**

 If yes, how often?     Frequently     Sometimes  
 Occasionally     Seldom

Describe the last time the participant engaged in destruction of property:

 Does the participant have any other behavioral or emotional concerns?  **Yes (anxiety/stress)**     **No**

 If yes, how often?     Frequently     **Sometimes**  
 Occasionally     Seldom

 What **triggers** these behaviours or emotional concerns? **Social situations, unfamiliar situations, and noisy/busy environments. I feel very stressed about losing my job and finding a new job.**



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

Program Staff Name: \_\_\_\_\_