

□ 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: Community *Works* Canada[®] Employment *Works* Canada School *Works* Canada

GENERAL PARTICIPANT INFORMATION						
Participant First name: Dan		Participant Last name: Ho				
Name of person providing information: (if different from participant)			Date of Birth: 04/06/1997 (dd/mm/yyyy)			
Rel	Relationship to the participant: Parent Friend Care Provider Other					
Par	ticipation in previous Worktopia program?	CWC 🗆 SWC) X No				
SECTION A:						
	ELIGIBILITY AND	FIT FOR PROGRAM				
The	following is a checklist of the necessary requirements	for a participant to be el	igible for a Worktopia program:			
	BASIC REQUIREMENTS					
Х	Diagnosed with ASD? X Yes Diagnosed with ASD?	gible)				
Х	Must be between the ages of 15 to 29. Please check the box that represents the participants age below. Age: 15 16 17 18 X19 20 21 22 23 24 25 26 27 28 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.). X Yes					
Х	Receiving EI benefits or currently eligible to collect EI? Yes (if yes, not eligible) X No					
Х	Must be able to commit to 14 weeks (including orientation and program wrap-up) of programming? X Yes D No (if no, not eligible)					
	FUNCTIONAL REQUIREMENTS					
Х	Independent toileting? X Yes D No (if no, not eligib	ele - 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					
Х	Able to sustain participation/interest in a structured le	earning environment? X	Yes Do (if no, not eligible)			
Х	At risk for elopement or abruptly abandoning session? Yes X No (if yes, not eligible)					
Х	Currently presents with a serious risk of self-harm or suicide? \Box 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					
X	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:	for completion of Workto	opia Medical Care form – may still			



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?	If yes, please list: Anxiety, OCD (skin picking)					
Does the participant have any physical limitations?	If yes, please list:					
Does the participant have a medical condition that may require emergency care?	If yes, describe their condition and the protocol for their care:					
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 tasks: Do they do chores at home? X Yes No Do they participate in extra-curricular activities? X Yes No Do they have ongoing, regular interactions with friends? Yes X No (only occasionally see friends) Do they have any previous work experience? X Yes No Do they have any previous volunteer experience? Yes X No						
Does the participant engage in aggressive behaviors?	If yes, how often? □ Frequently □ Sometimes □ Occasionally □ Seldom					
Describe the last time the participant showed aggression:						
Does the participant engage in self-injurious behaviors? X Yes	If yes, how often? Frequently 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?	If yes, how often? Frequently Occasionally Seldom					
Describe the last time the participant engaged in destruction of property:						
Does the participant have any other behavioral or emotional concerns? X Yes (anxiety/stress) [No	If yes, how often? Frequently X Sometimes Occasionally Seldom					
What <mark>triggers</mark> these behaviours or emotional concerns? <mark>Social situations, unfamiliar situations, and noisy/busy environments. I feel very stressed about losing my job and finding a new job.</mark>						

The above information is collected and managed under the authority of <Insert Legislation> and other applicable laws. It is collected for the above noted purposes. If you have any questions about the collection or use of information, please contact [insert Regional Site name] Privacy Officer at [insert contact information].



What strategies do you use to manage these behaviours or emotional concerns? (i.e.: talking, personal space, etc.): I talk to my counsellor. He taught me some relaxation strategies such as slow breathing. When I'm stressed, my mouth becomes very dry and it helps if I can get a drink of water. If I can find a quiet room to excuse myself to, squeezing a pillow or doing a wall push-up sometimes helps. I try to think about pleasant thoughts instead of things that stress me out. I also use the MindShift app on my cell phone. I put anti-biotic cream and band-aides on my fingers when I'm in public and I don't pick my cuticles in front of other people so it will not be a problem in this program.					
What level of support does the participant need in the community?					
X Independent					
If support is required in the community, please describe:					
Does the participant have an understanding of general safety issues within the community?					
X Yes 🗆 No					
IF APPLICABLE: What type of program, if any, is the participant enrolled in at school:					
Fully integrated with neuro-typical peers Cluster type program (Educational Support)					
□ Autism specific classroom □ Other (describe):					
What would the participant most like to gain from this Worktopia program?					
Want a job: X Yes D No Learn more about employment preferences: X Yes D No					
Develop friendships: Yes No Other (describe):					
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 Form, Interview and PIF):	X Yes	🗆 No
Assign to Program Wait List for participation at a later time:	□ Yes	🗆 No

Notes:



Participant Name: _____

27/07/2016

Page | 4

Program Staff Name: