

□ 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: 19/08/2016 (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: Suzie		Participant Last name: Cue				
Name of person providing information: (if different from participant)			Date of Birth: 15/01/1995			
Rel	Relationship to the participant: Parent Friend Care Provider Other					
Par	Participation in previous Worktopia program? Yes (C 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 eligible for a Worktopia program:						
	BASIC REQUIREMENTS					
Х	Diagnosed with ASD? X Yes D No (if no, not eli	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 19 20 X21 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					
Х	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					
	FUNCTIONAL REQUIREMENTS					
Х	Independent toileting? X Yes D No (if no, not eligit	ole - exceptions considere	ed on a case by case basis)			
Х	Able to travel independently or have transportation a X Yes D No (if no, not eligible)	rrangements to and from	the program?			
Х	Able to sustain participation/interest in a structured learning environment? X Yes 🗆 No (if no, not eligible)					
Х	At risk for elopement or abruptly abandoning session	? Yes X No (if yes, r	not eligible)			
Х	Currently presents with a serious risk of self-harm or provider for completion of Worktopia Medical Care for	rm – may still be eligible	at a later time) X No			
Х	Currently presents with an unstable medical condition medication)?	n (e.g. seizure disorder o	r other condition not stabilized with			



	□ 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: X 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?	any other diagnoses?						
Does the participant have any physical limitations? If yes, please list: Yes X No							
Does the participant have a medical condition that may require emergency care?	y 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 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? X Yes □ No	If yes, how often? Frequently Occasionally X Seldom						
Describe the last time the participant showed aggression: Punched a wall at home; yell at my parents and brother when they make me mad.							
Does the participant engage in self-injurious behaviors?	If yes, how often? Frequently Occasionally Seldom						
Describe the last time the participant engaged in a self-injurious behavior: In 2013 I attempted suicide but I'm O.K. now – I take medication and see a psychiatrist occasionally.							
Has the participant engaged in destruction of property? X Yes D No	If yes, how often? Frequently Occasionally X Seldom						
Describe the last time the participant engaged in destruction of property: I got really mad about 6 months back at my parents and I put a hole in a wall. I had to fix it and talk to my psychiatrist about it.							
Does the participant have any other behavioral or emotional concerns? X Yes I No	If yes, how often? □ Frequently X Sometimes □ Occasionally □ Seldom						
What triggers these behaviours or emotional concerns? Fights at home.							

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.):				
Talk to my friends or sometimes my mom, take my medicine, play with my pets, go for a walk or work-out.				
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				
□ Autism specific classroom □ Other (describe):				
What would the participant most like to gain from this Worktopia program?				
Want a job: X Yes INo Learn more about employment preferences: X Yes INo				
Develop friendships: X Yes D 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:

Program Staff Name: