

# Children at Risk

## Social Skill / Friendship & Sibling Support Groups – Fall 2008 Programs

### REFERRAL FORM (page 1)

C.A.R. is now accepting registration for our fall programs. Sessions will start end of September-beginning of October 2008 (to be determined). If your child is new to the programs, an initial interview is usually conducted to clarify his/hers needs and to identify the suitable program for him/her. We have scheduled Monday, September 15 for interviews. Please forward your completed referral form to the Children at Risk office by mail, fax or email. The cost of these groups is partly subsidized by private donations and continual fundraising events. Costs vary, depending on the group.

At this time, we are offering the following programs. The final list of groups to be held will be determined by demand and availability. Unless indicated, groups are currently for moderate-higher functioning ASD children (ratios of 2 or 3 children to one facilitator). Please specify which program you would be interested in.

Age Group*	Max # of kids	Day Offered	# Of Sessions	Location	Program Requested
4-5 years old	6	Saturday Morning	9 over 18 weeks	Donald St.	
5-6 years old	6	Saturday Afternoon	9 over 18 weeks	Donald St.	
8-10 years old	6	Monday Evening	9	Donald St.	
11-13 years old	6	Tuesday Evening	9	Donald St.	
"Typical Teens" Asperger Syndrome Phase II	8	Thursday Evening	8	Donald St.& Outings	
Cooking Club	8	Friday Evening	7	Earl of March High School	
Siblings 7-12 years old	8-10 (min 4)	Saturday Morning	7	Donald St.	

\*Please note that age ranges may change/vary with the number of requests/referrals for groups – to be determined after September 15. We encourage you to apply, even if your child's age range is NOT listed – as changes occur! We value your feedback. Please let us know if your child would benefit from other type of programs (i.e. different availability, other location, specific content...)

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Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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Revenue Canada Charitable Number 10691/3775/RR/0001

[www.childrenatrisk.ca](http://www.childrenatrisk.ca)

[info@childrenatrisk.ca](mailto:info@childrenatrisk.ca)

# Children at Risk

## REFERRAL FORM (page 2)

Date of Referral: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Child's Name:	D.O.B.(year/month/day):
Address:	
City:	Postal Code:
Telephone (home):	Telephone (work):
Email:	School Grade (September) :
Diagnosis:	By:
Mother:	Father:

### SERVICES REQUESTED

( ) Friendship/Social Skills Groups:

Social Skill Strength:
Social Skill Needs:

( ) Sibling Support Groups:

Name of Siblings	Age	Sex

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_