

SIBLING SUPPORT 1-DAY WORKSHOP

Children at Risk has a mandate to provide services and supports for not only the diagnosed ASD child, but for their family, as well. One support we have always felt very strongly about is our Sibling Support Groups. However, Siblings seem to have very busy schedules these days and we have had difficulty pulling a weekly group. Two years ago we changed our format of weekly meetings for a 1-Day Workshop – with rave reviews!

For this Winter, we are once again looking to offer a Workshop. We hope that, even if your Sibling has other commitments usually, they can set aside this one time to attend this valuable and needed support! It will not be the same as a weekly meeting where the siblings meet each other and establish longer-term relationships, but the same principles that are applied to the weekly meetings will be covered.

We will be offering 2 groups – for Younger and Older Siblings
Cost will be \$35 per child - includes supplies and lunch.

Older Group: Ages 8-13 - Saturday, January 26, 2013 – 10 AM to 3 PM, Outing February 9, 2013

Younger Group: Ages 5-7 – Saturday, March 3, 2013 - 10 AM to 2 PM, Outing March 30, 2013

There might be some flexibility on the ages, with a maximum of 12 participants per workshop. We may also do another split of ages and a 3rd group depending on the registration.

WHERE: Children at Risk Offices, 235 Donald Street, Room 212.

DESCRIPTION: Children at Risk is pleased to offer a one day workshop for siblings of children with an Autism Spectrum Disorder. The workshop will provide siblings with the opportunity to meet in a relaxed, supportive and fun setting. They will participate in games, crafts and group discussions. They will have the opportunity to share their feelings, to meet other siblings who can relate to their experiences and to learn more about Autism Spectrum Disorders. There will be 2-3 Facilitators. Lunch will be provided.

SIBLING WORKSHOP - REGISTRATION FORM

NAME OF PARTICIPANT: _____ AGE: _____

TODAY'S DATE: _____ DATE OF BIRTH: (DAY/MONTH/YEAR) _____

TO PARTICIPATE IN: OLDER GROUP (8-13 YRS) _____
YOUNGER GROUP (5-7 YRS.) _____

ADDRESS: _____

TEL. NO. (HOME & WORK): _____

E-MAIL ADDRESS: _____

MOTHER'S NAME _____ FATHER'S NAME: _____

SIBLINGS NAMES AND AGES: _____

STRENGTHS AND INTERESTS OF CHILD ATTENDING THE GROUP: _____

IDENTIFY WHAT YOUR CHILD HOPES TO GET FROM THE GROUP (i.e. opportunity to discuss feelings with peers, to share ideas, to have fun): _____

ALLERGIES: _____

MEDICATIONS: _____

SPECIAL CONSIDERATIONS: _____

EMERGENCY CONTACT AND PHONE NUMBER: _____

For this group, we would like to distribute a phone list with names and phone numbers of children within the group so the participants can contact each other if they wish. Please check here to indicate you give permission for your names and your child's name along with your home phone number to be included on this list _____ **Thank you**