

Dear Parent:

RE: PRESCHOOL ABA PROGRAM

Thank you for your interest in the ABA Program. Enclosed you will find the application package as per your request.

In addition, I would like to let you know about opportunities to learn more about Applied Behavior Analysis and our program:

- St.Amant's website has an expanded ABA section at www.stamant.mb.ca. It includes a short video about families in our program and several other interesting and useful links.
- A videotaped program overview (parent information session) is available to be seen at St.Amant at your convenience.
- Manitoba Families for Effective Autism Treatment (MFEAT), the parent advocacy group associated with the ABA Program can be reached at 487-1685, and at www.mfeat.ca

Should you have further questions or wish to set up a time to see the ABA Program overview video, please do not hesitate to contact me at 256-4301 ext. 3467. We welcome the opportunity to discuss our service with you.

Sincerely,

Tiffany Pang
Family Information and Resource Coordinator, ABA Program
St.Amant



**ST. AMANT
ABA PROGRAM
APPLICATION FORM**

Date Received: _____
Eligible: Yes No
Ineligible Date: _____
Intake Meeting: _____
Start Date: _____

CHILD INFORMATION

Name: _____ Birth date:* _____ Male Female
(First) (Middle) (Last) (Day/Month/Year) (Please Circle)

Address: _____ Phone #: _____
(Street / City / Postal Code)

Personal MB Health #: _____ School division in which the child belongs: _____
(9 digit number)

Are the child and/or birth parents of Aboriginal descent? Yes No If yes, please check one of the following:
 Status Non-Status Metis Inuit

*** Please attach a photocopy of the child's birth certificate.**

LEGAL GUARDIANS

Parents CFS Other Name: _____

Address: _____ Phone #: _____
(Street / City / Postal Code)

PRIMARY CAREGIVERS (When different than above)

Name: _____ Phone #: _____

Address: _____
(Street / City / Postal Code)

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Home Address: _____ Home Address: _____

Home Phone #: _____ Home Phone #: _____

Place of Work: _____ Place of Work: _____

Work Phone #: _____ Work Phone #: _____

Other Phone #: _____ Other Phone #: _____

Custodial Parent? Yes No Custodial Parent? Yes No

Married Common-Law Separated Divorced Single Widowed

In the case of joint custody, both parent signatures are required on Page 3.

In the case of sole custody, documentation must be provided to show evidence of such arrangement. Only the custodial parent signature is required on Page 3.

Are both custodial parents in agreement with the application? Yes No

MEDICAL INFORMATION

Please describe in detail any medication, vitamins, and/or special diet your child is currently receiving. If and when changes occur, the parent/legal guardian commits to immediately notify the ABA Program in writing. The following information will be reviewed at each Annual Review Meeting.

Upon Application Date: _____

Intake Meeting Date: _____

Year One Annual Review Meeting Date: _____

Year Two Annual Review Meeting Date: _____

Year Three Annual Review Meeting Date: _____

Other Update Date: _____

LANGUAGE PREFERENCE

In which of the two Canadian official languages would you prefer ABA services?

English French

DIAGNOSTIC INFORMATION*

Diagnosis: _____ Date Diagnosed: _____
(Day/Month/Year)

Name of professional who made the diagnosis: _____

Address of professional who made the diagnosis: _____

Does your child have any other diagnosis or medical concerns? Yes No

If yes, please explain:

*** "Verification of Diagnosis Form" must be attached.**

CURRENT SERVICES

Family Services Worker Name: _____ Phone #: _____

Does your child currently attend nursery school or day care? Yes No If yes:

Nursery School/Day Care Name: _____

Address: _____ Phone #: _____
(Street / City / Postal Code)

Nursery School/Day Care Director Name: _____

Please indicate the services your child is currently receiving:

Type of Service	Yes	No	Administrative Use Only
ABA Therapy			
Occupational Therapy			
Physiotherapy			
Speech Therapy			
Child Development Counsellor			
HSC Autism Services			
Other (Please Specify)			

SIGNATURES

* Father

* Mother

Legal Guardian's Relationship to Child (if not parent)

Legal Guardian's Relationship to Child (if not parent)

Date (Day/Month/Year)

Date (Day/Month/Year)



**CONSENT FOR REFERRAL, EXCHANGE OF INFORMATION
AND PROVISION OF SERVICES**

NAME OF INDIVIDUAL			
D.O.B.		MANITOBA HEALTH #	

A. CONSENT FOR REFERRAL:

I am in agreement with a referral for services to the **APPLIED BEHAVIOUR ANALYSIS** Program.

B. EXCHANGE OF INFORMATION:

- Under Section 22(2)(a) of the Personal Health Information Act (PHIA) (legislation in the province of Manitoba) referring agencies and other services may exchange information for the purpose of assessment, treatment and further referral.
- Under Section 23(1)(a,b,c) of (PHIA) information may be exchanged with the immediate next of kin.

The following are the list of individuals with whom I understand information will be exchanged:						
NAME	RELATIONSHIP	AGENCY	ADDRESS	POSTAL CODE	YES (✓)	NO (✓)
		SMD / OTC	825 Sherbrook St, Winnipeg	R3A 1M5		
		RCC / OTC	633 Wellington Cr, Winnipeg	R3M 0A8		
		Child Development Clinic	840 Sherbrook St, Winnipeg	R3A 1S1		
	Family Services Worker	Children's Special Services				
		Manitoba Clinic	790 Sherbrook St, Winnipeg	R3A 1M3		

- Any other person(s) not authorized under the Act who wish to receive information or a copy of a report are required to obtain written consent from the individual or their authorized legal representative.
- I understand that the information collected and exchanged will be used for the purposes of assessment, planning, developing programs and/or strategies that will benefit the individual or family.

This consent for receiving services is valid for the duration of program participation.

Signature of Individual/Legal Representative

Date

Signature of Witness

Date



ABA PROGRAM FAMILY APPLICATION CHECKLIST

This checklist is provided for your convenience.

Please review the following list to ensure that your application is complete and accurate.

Please direct application inquiries to: Tiffany Pang, Family Information and Resource Coordinator, ABA Program, 256-4301, ext. 3467.

- Complete the ABA Program application form.
- Attach a photocopy of your child's birth certificate.
- Have the Verification of Diagnosis form completed if your child was not diagnosed at the Child Development Clinic or by Dr. Nancy Bowman.
- Arrange for the completed application form and required documents to be received at St. Amant.
- Register for the Introductory Video Session. Both custodial parents must attend. In the absence of this requirement, the application is not complete.

Description of St.Amant Preschool ABA Program

Name: St.Amant Preschool Applied Behaviour Analysis (ABA) Program

Eligibility:

- Under the age of 5,
- diagnosis of Autism, Autistic Disorder, Autistic Spectrum Disorder (ASD), Pervasive Development Disorder – Not Otherwise Specified, or Asperger’s Syndrome
- Reside in the Province of Manitoba

Duration: Up to 3 years

Intensity: 36 hours per week including 5 parent-led teaching hours

Scope: The intensive, planned and consistent application of ABA strategies to teach children meaningful skills in various areas, in structured and natural environments.

Setting(s): Homes, daycare facilities, preschools or nursery schools

Staff:

- ABA Consultant (assess, plan and design individualized programming, train and supervise staff)
- Senior Tutor (supervising and training tutors and parents) and
- Tutors (frontline staff in the Preschool ABA Program providing 31 hours of programming per week)

Expectation of parental involvement:

- A minimum of five hours per week parent-led teaching
- Participation in required meetings.

Approach: Based on a branch of Psychology called Applied Behaviour Analysis, an applied science grounded on learning principles and several decades of research.

Background: Past and current evidence-informed strategies referenced in scientific journals such as Journal of Applied Behaviour Analysis, Journals of Experimental Analysis of Behaviour, Journal of Verbal Behaviour, Research in Developmental Disabilities, etc. and reputable reviews of available treatments such as the New York State Department of Health, 1999: Report of the Guideline Recommendations - Autism / Pervasive Developmental Disorders - Assessment and Intervention for Young Children (Age 0-3 Years)



ABA PROGRAM
Introductory Video Session for the
Preschool ABA Program

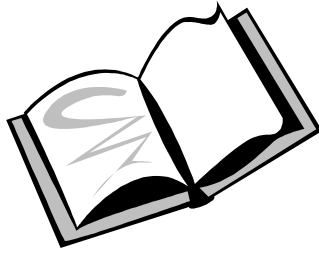
After the application has been submitted, the next step in the application process is for both custodial parents to attend the Introductory Video Session for the Preschool ABA Program.

Attendance by both custodial parents is mandatory in order to complete your child's application.

The purpose of the Introductory Video Session for the Preschool ABA Program is to provide families with the details regarding the ABA program that would be helpful in making an informed decision as to whether ABA intervention is the best treatment option for their child. The video will provide information regarding the clinical aspect of ABA programming, program procedures and policies, and the application process.












You will be contacted by Tiffany Pang, ABA Family Information and Resource Coordinator to set up a time to watch the introductory video and to review your application.

Please call Tiffany Pang at 256-4301, ext. 3467 if you have any questions regarding the ABA program.









ABA References for Parents

~ Books ~

-  **Applied Behavior Analysis and Autism: An Introduction**
by Suzanne M. Buchanan, Psy.D., BCBA & Mary Jane Weiss, Ph.D., BCBA
-  **Right from the Start Behavioral Intervention for Young Children with Autism** by Sandra L. Harris, Ph.D. & Mary Jane Weiss, Ph.D.
-  **Understanding Applied Behavior Analysis: An Introduction to ABA for Parents, Teachers, and Other Professionals (JKP Essentials Series)** by Albert J. Kearney
-  **Applied Behavior Analysis (2nd Edition)** by John O. Cooper
-  **The Verbal Behavior Approach: How to Teach Children with Autism and Related Disorders** by Mary Barbera
-  **Functional Behavioral Assessment, Diagnosis, and Treatment: A Complete System for Education and Mental Health Settings**
by Ennio Cipani
-  **Behavior Modification: What It Is and How To Do It (9th Edition)** by Garry Martin & Joseph Pear
-  **Self-Help Skills for People with Autism: A Systematic Teaching Approach (Topics in Autism)** by Stephen R. Anderson
-  **Sense and Nonsense in the Behavioral treatment of Autism: It Has to Be Said** by Ron Leaf
-  **Verbal Behavior Analysis: Inducing and Expanding New Verbal Capabilities in Children with Language Delays** by R. Douglas Greer
-  **Stop That Seemingly Senseless Behavior! FBA-based Interventions for People with Autism (Topics in Autism)** by Beth Glasberg, Ph.D. BCBA



~ Websites ~

-  **St.Amant:** www.stamant.mb.ca
-  **Manitoba Families for Effective Autism Treatment:** www.mfeat.ca
-  **Association for Science in Autism Treatment:** www.asatonline.org
-  **Department of Health; New York State:**
www.health.state.ny.us/community/infants_children/early_intervention/disorders/autism
-  **Association for Behaviour Analysis International:** www.autismsig.org
-  **Parent Professional Partnership - Association for Behaviour Analysis International:** www.pppsig.org