Aspire Child Development Centre

Assessment Consultation and Training Services

Application Form

Family Information

Child's Full Name

First: _____ Middle: _____

Last: _____

Birth Date (Month/Day/Year): _____

☐ Male ☐ Female ☐ Other _____

Alberta Health Care Number: _____

Child's Home Address:

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent/Guardian (primary contact):

Name: _____

Relationship to Child:

☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Adoptive Mother

☐ Father ☐ Stepfather ☐ Foster Father ☐ Adoptive Father

☐ Paternal Grandfather ☐ Maternal Grandfather

☐ Paternal Grandmother ☐ Maternal Grandmother

Contact Phone Number: _____

Address (if different form child): _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Parent/Guardian (secondary contact):

Name: _____

Relationship to Child:

☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Adoptive Mother

☐ Father ☐ Stepfather ☐ Foster Father ☐ Adoptive Father

☐ Paternal Grandfather ☐ Maternal Grandfather

☐ Paternal Grandmother ☐ Maternal Grandmother

Contact Phone Number: _____

Address (if different form child): _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Others Living in the Child's Home

Name: _____

Relationship: _____ Age (if child): _____

Name: _____

Relationship: _____ Age (if child): _____

Name: _____

Relationship: _____ Age (if child): _____

Name: _____

Relationship: _____ Age (if child): _____

Parental Relationship and Custody Status:

It is important for us to know the status of the parental relationship in order to ensure we have consent for assessment from the custodial parent(s). Please state the status of your parental relationship below. Please provide a custody agreement if applicable.

☐ Single ☐ Married/Living Together

☐ Separated/Divorced ☐ Widowed

☐ Sole custody (please provide copy of custody agreement)

☐ Joint/Shared custody (please note that both parents will be required to consent to services if not living at the same address as the child)

☐ Retained custody (in the case of death or desertion of one parent)

☐ Alternating/Divided custody (please provide copy of custody agreement)

☐ Third party custody (please provide copy of custody agreement)

School/Daycare Information (complete if applicable):

School your child currently attends: _____ Grade: _____

Teacher: _____ Email Address: _____

Education Assistant (EA): _____ Email Address: _____

School Contact for Services: _____ Title: _____

Email Address: _____ Phone Number: _____

Do you currently have a physician? ☐ Yes ☐ No

Community Services

Please take the time to complete in full.

Service/Professional	Name	Clinic/Address	Phone	Involvement
Family Doctor				☐ Past ☐ Current
Pediatrician				☐ Past ☐ Current
Psychologist				☐ Past ☐ Current
Occupational Therapist				☐ Past ☐ Current
Speech Language Pathologist				☐ Past ☐ Current
Physical Therapist				☐ Past ☐ Current
Audiologist				☐ Past ☐ Current
Neurologist				☐ Past ☐ Current
Psychiatrist				☐ Past ☐ Current
FSCD (Family Supports for Children with Disabilities)				☐ Past ☐ Current
Child Development Consultant/ Behaviour Specialist				☐ Past ☐ Current
Early Intervention Staff (AHS)				☐ Past ☐ Current

Other				☐ Past ☐ Current

Concerns

I have concerns for my child in these area(s) - (check all that apply):

Psychology

Academic Learning

☐ Reading

☐ Reading comprehension (understanding what they read)

☐ Mathematics

☐ Child's work is being modified

☐ Performing below grade level expectations

☐ Written compositions

☐ Child is receiving small group or individual interventions

Behaviour

☐ Depressive symptoms (low motivation, not completing or handling in homework, low academic achievement, excessive missing of school days, withdrawn)

☐ Anxious presentation (activity or school avoidance or refusal, excessive complaints of physical symptoms of illness without underlying medical cause, excessive reports of worries)

☐ Aggression (hitting, pushing, kicking, pinching, scratching, biting, throwing things)

☐ High need for physical movement

☐ Inflexibility (difficulty adapting to change)

☐ Noncompliance with following adult directions or instructions

☐ Unsafe behaviour (bolting, unsafe climbing, etc.)

☐ Inattention, difficulty with focus and concentration

☐ Hyperactivity

Emotional Regulation

☐ Ability to calm oneself and control anger.

Social Skills

☐ Initiating and maintain social relationships with peers

☐ Respecting the personal boundaries of others

☐ Displaying appropriate social behaviours (manners, appropriate topics of conversation)

Physical Therapy

☐ Equipment needs (wheelchair, brace, walker, or standing frame)

☐ Lifts and transfers (does your child require assistance moving from one location to another)

☐ Posture and positioning (lying, sitting, standing)

☐ Mobility or gait

☐ Stairs

☐ Frequent falls

☐ Participation on playground or gym activities

☐ Balance and coordination

☐ Gross motor activities (running, jumping, throwing, catching)

☐ Quality of movement (awkward, stiff, floppy)

☐ Body awareness or motor planning

Occupational Therapy

Fine Motor

☐ Grasp on tools (pencil, scissors)

☐ Drawing/printing

☐ Cutting

☐ Using hands functionally

Sensory Regulation

☐ Over responsive to sensory input (visual, auditory, tactile, movement)

☐ Under responsive to sensory input (visual, auditory, tactile, movement)

☐ Interoception (understanding body ques, e.g. Hunger, pain)

☐ Body awareness and motor planning

Self Help

☐ Toileting

☐ Dressing

☐ Feeding

☐ Independence

Speech-Language Pathologist

Speech (articulation/speech sounds)

☐ Difficult to understand

☐ Speech difficulty limits peer interaction or participation

Language

☐ Difficulty following directions or answering questions

☐ Difficulty remembering long pieces of verbal information

☐ Uses many "empty words" (e.g. stuff, thing)

☐ Participation in discussions

☐ Talks around a word/uses a description instead of the word ("temperature thing" for thermometer) or substitutes the name of a related item (e.g. "knife" for "scissors" etc.)

☐ Produces grammar errors (pronoun errors "her is going" etc.)

Social skills (social communication and interactions with others)

☐ Provides off topic answers, comments, or actions

☐ Difficulty making friends

Stuttering

☐ Repeats sounds, syllables, words or phrases

Voice

☐ Clears their throat or coughs more than others ☐ Voice is husky, hoarse or gravelly

Please expand on any concerns you have for your child that has brought you to apply for services.

_____

_____

_____

_____

_____

_____

Diagnostic Information

Has your child ever been given a formal diagnosis? ☐ Yes ☐ No

If yes, please share the diagnosis and if there is an additional diagnosis you are wondering about.

_____

_____

If no, is there a diagnosis you are wondering about or that has been queried?

_____

_____

Based on the concerns you have described above, which services are you applying for?

☐ Diagnostic Clinic	A diagnostic team works together to assess areas of concern. An assessment report along with recommended strategies is provided. Diagnostic teams consist of a psychologist and speech language pathologist and/or an occupational therapist, depending on identified concerns. Diagnostic Clinics are booked as one full day or two ½ days. Fees range from $1,300 to $2,800. Children and teens up to 17 years, 11 months are eligible for Diagnostic Clinics. **Please check your benefits - Direct billing is available for some service providers.**

☐ Therapist Specific Assessments	Not currently available.
☐ Transdisciplinary Assessment and Consultation Program 6-week parented program	Over six weeks, you will work with a transdisciplinary team who will get to know both you and your child. Once we understand what you are going through, we will offer strategies to support both your child and your family. At the end of the program, you will receive a transdisciplinary diagnostic report. Assessment program runs over 6 weeks and includes 5 weeks of programming, Monday to Thursday mornings and a case conference (wrap up meeting) in the 6th week. Fee is $1,500. Children up to 8 years, 11 months are eligible for the TAC Program. **Please check your benefits - Direct billing is available for some service providers.**

Our Aspire team will contact you once your application is received and will talk through the services ensuring you have applied for the service that best meets your needs.

Does your child have Health Benefit Coverage? ☐ Yes ☐ No

If yes, please include information.

Primary:

Plan Holder: _____ Plan Holder DOB: _____

Insurance Company Name: _____ Plan/Certificate/Group Number: _____

ID Number: _____ Child's Name: _____

Child's ID (if different form above): _____

Secondary:

Plan Holder: _____ Plan Holder DOB: _____

Insurance Company Name: _____ Plan/Certificate/Group Number: _____

ID Number: _____ Child's Name: _____

Child's ID (if different form above): _____

Fee Assistance:

Fee Assistance applications are available for those requiring financial support and are currently facing financial challenges in accessing Aspire Services.

Would you like more information regarding Fee Assistance? ☐ Yes ☐ No

Interpretation Services:

Would you like to discuss interpretation services for your appointment?

We may be able to provide a professional interpreter through tele-interpretation services at no cost to you for certain portions of your appointment, depending on availability and need.

☐ Yes, I would like to discuss interpretation services.

Preferred language: _____

☐ No, I do not need interpretation services at this time.

Referent:

Name: _____ Title: _____

School/Agency/Clinic: _____

If not referred, how did you hear about Aspire?

Involved with Aspire in past ☐ Website ☐ Newspaper/magazine ☐ Social Media

☐ Other _____

Person requesting services (if not the parent):

Name: _____

Title: _____

School/Agency: _____

Email Address: _____

Phone Number: _____

Payment of Fees: _____

To complete your application, please submit the following:

- This application form
- All reports and assessments that have been completed with your child.
- Copy of your FSCD contract
- Copy of the current custody agreement (if applicable)

As part of the Aspire family you will now be receiving communication from Aspire through email about family events and our e-newsletter. If you do not want to receive emails, please indicate that by checking the box. ☐ No emails please

Aspire Child Development Centre complies with all relevant privacy legislation. All information collected will be compiled for the exclusive use of Aspire Child Development Centre and will not be available for any other organization.

Guardian - Please Sign Here

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and I will keep Aspire Child Development Centre advised of any changes.

_____

Parent/Guardian Name (Print Name) Parent/Guardian (Signature)

_____

Parent/Guardian Name (Print Name) Parent/Guardian (Signature)

_____

Date

If you have any questions or concerns regarding privacy, you may contact Jordan MacDonald, Privacy Officer at: jmacdonald@aspirechild.ca or 403-340-2606.