



Ready! Prep! Go!

It's time for School - and we're ready!

A Holiday Program for children with high functioning autism to give your child a headstart for Prep 2019

About the Program

At Spectrum Speech Pathology we are a team of experienced speech pathologists providing social skills programs. This School Readiness program is for children starting school

Children will work in groups to practise:



Whole Body Listening Skills



Independence



Problem Solving skills



Learn to be a part of a group



Fair play and Coping with losing



Skills to negotiate and co-operate



Following Classroom instructions



Transitions

Program Information

Length

3 day program

Dates

Tue 22nd - Thu 24th January 2019

Time

9:30 - 11am daily

Cost

\$430 private

\$460 via funding agency

Venue

Ashwood Clinic

Address

495 Warrigal Road
Ashwood VIC 3147

To apply fill in the form attached to this brochure

Holiday Program Application Form Ashwood January - 2019 Program

Please complete all sections

SECTION A

Choose a program

ASH Ready Prep Go Program 22nd – 24th Jan 2019

SECTION B

Child's Name:		Age:	DOB:
Address:			Post Code:
Mum / Dad (Print Name)	Email address:		
Home Phone:	Mobile Phone:		
<p>Does your child currently receive therapy from Spectrum? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes who is your child's therapist _____</p>			
<p>Did your child attend any of our Programs in 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

**Holiday Program Application Form
Ashwood January - 2019 Program**

SECTION C

Does your child have any allergies? Yes No If yes, please provide details.

Do your child's allergies require you to use an Epi Pen Yes No
If 'Yes' please ensure your child brings the Epi pen along to each day of the program.
IMPORTANT: Failure to do so will mean your child will be unable to stay for the day's program.

SECTION D

Diagnosis:

Current School:

Current Grade:

Does your child have an Integration Aide:
 Yes No

If yes - Number of integration support hours.

Does your child have any recent speech & language or cognitive assessments?
 Yes No if Yes, please attach copies

What are your child's special interests?

What skills would you like your child to learn in this group?

SECTION D-continued

BEHAVIOR: Please tick any of the following behaviours which best describe your child.

Motivated, focused, attentive Aloof Anxious Rigid (wants things on own terms)

Impulsive Physically aggressive (to peers or adults (describe)

Active and distracted Verbally aggressive to peers or adults (describe)

Oppositional Withdrawn (may hide or emotionally shut down when upset)

May run away or want to leave situation when upset

Does your child have any other significant behavioural issues? Yes No
If yes, please provide details.

If you would like your child's Social Skills Report to be sent to your paediatrician please complete the following:

Child's Name:

Paediatrician:

Address:

Parent Signature:

Date:

SECTION E

Notes on Payment Details: Please read this section carefully:

* Programs funded by an agency or FaHcsia- we require an Authorisation/Intro Letter & credit card details for a **non-refundable** deposit / cancellation fee **along with this application form**. (FaHcsia & Agencies do not pay cancellation fees and need to be paid privately. Total program cost is \$460

* Private payments: Full payment (including a non-refundable deposit) is required **along with this Application**. Your card will be charged the **non-refundable** deposit of \$100 on application & rest of program cost on acceptance. Total program cost is \$430

* The completed form, with **full payment or funding letter / FaHcsia intro letter is a prerequisite** with your Application which you can Post, fax or email to us. If using email scan & send as a PDF attachment.

* A **NON REFUNDABLE** deposit to cover cancellation fees of \$100 is required for all applications including FaHcsia & funded payments. Please ensure credit card details are filled in.

* Medicare rebates **cannot** be claimed for group speech therapy programs / sessions

Payment for the program:

Self FaHcsia / Funding Agency - Name of Agency

Payment enclosed: Cheque Credit Card (Please complete card details)

Please charge my Visa card MasterCard Expiry Date: ___ ___ / ___ ___

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Amount: Deposit for funded program **\$100.00** OR Full payment (Pvt) **\$ 430** (incl Deposit)

Cardholder name _____ Cardholder's Signature _____

Check List: Please check your application, ensure all required sections are filled in, tick on the items on the list below, to confirm, & sign where required. Your application process could be **delayed & forms returned to you** if any section of the application is incomplete.

- I have filled in Sections A, B, C, & section D
- I have read & understood the notes in Section E have filled in payment / deposit details
- I have (*circle a, or b, c, or d*) **a)** filled in Credit Card details, **b)** enclosed a cheque **c)** attached an authorisation letter **d)** attached a copy of our FaHcsia Introduction letter

Signature: _____ Mum / Dad Date: _____

**Return forms to 495 Warrigal Road, Ashwood VIC 3147 or fax to 9813 8384
Applications close 19 Dec 2017**