

# 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**  
TBA - 1.5hrs per day

**Cost**  
\$430 private  
\$460 via funding agency

**Venue**  
Essendon Clinic

**Address**  
72A Lincoln Road  
Essendon VIC 3040

To apply fill in the form attached to this brochure

## Holiday Program Application Form Essendon January - 2019 Program

*Please complete all sections*

### **SECTION A**

*Choose a program*

ESS Ready Prep Go Program    22<sup>nd</sup> – 24<sup>th</sup> Jan 2019

### **SECTION B**

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

## Holiday Program Application Form

### 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: \_\_\_ \_\_\_ / \_\_\_ \_\_\_

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 72A Lincoln Road, Essendon VIC 3040 or fax to 9351 0958  
Applications close 19 Dec 2018**