



<b>Request for Autism Services</b>		<b>Referral Source</b>	<b>Parent</b>	<b>Other</b> (please fill in below)	
		Organization			
<b>Date of this Referral Form (m/d/y)</b>		Name			
		Phone			
<b>Indicate which region you reside in</b>	Hastings, Prince Edward	Kingston, Frontenac, Lennox & Addington	Lanark, Leeds & Grenville		
<b>Indicate the program(s) this referral is for</b>					
Applied Behavioural Analysis (ABA)		Intensive Behavioural Intervention (IBI)		Both Programs	
<b>Section A: Individual Child/Youth</b>					
<b>Last Name</b>		<b>First Name</b>		<b>Date of Birth (m/d/y)</b>	
				Male	Female
<b>Address</b>		<b>City</b>		<b>Province</b>	
<b>Section B: Parent(s)/ Legal Guardian</b>					
<b>Last Name</b>		<b>First Name</b>		<b>Address (if different from child)</b>	
				Aware of Referral	
				Yes No	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<b>E-mail</b>		
<b>Last Name</b>		<b>First Name</b>		<b>Address (if different from child)</b>	
				Aware of Referral	
				Yes No	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<b>E-mail</b>		
<b>Section C: Alternative Contact</b>					
<b>Last Name</b>		<b>First Name</b>		<b>Telephone Number</b>	
<b>Section D: Custody</b>					
<b>Is there shared custody?</b>	Yes		No		
<b>Section E: List Relevant Reports Attached</b>					
<b>Report Name</b>			<b>Agency</b>		

## Section F: ABA Program-Check Preferred Skills Needed

Communication	Social/Interpersonal
Daily Living Skills	Behaviour /Self-Regulation
No Preference	

## Section G: ABA/IBI Program Check Child/Youth Language Skills

Single Words	Short Phrases	Full Sentences	Non-Verbal
Child/Youth can learn in a group with 3 or more peers	Yes	No	
Preferred Time for Parent Participation in Parent Education Sessions	Day	Evening	

**\*REQUIRED DOCUMENTATION MUST BE PROVIDED WITHIN 4 WEEKS OF FIRST CONTACT WITH INTAKE\***

<p style="text-align: center;"><b>Applied Behaviour Analysis (ABA)</b></p> <p>❖ <b>Report or Letter</b> from the diagnostician which <i>clearly states that the child has an Autism Spectrum Disorder</i></p>	<p style="text-align: center;"><b>Intensive Behavioural Intervention (IBI)</b></p> <p>❖ <b>Diagnostic Report</b> completed by the diagnostician which <i>clearly states that the child has Autism in the severe range of severity</i> and includes a brief description of:</p> <ul style="list-style-type: none"> <li>✓ communication &amp; language development</li> <li>✓ social &amp; interpersonal skills</li> <li>✓ stereotypical behaviour/restricted interests</li> <li>✓ daily living skills</li> <li>✓ problem behaviour</li> <li>✓ school/child care/community involvement</li> </ul>
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**PLEASE FAX/MAIL REFERRAL TO APPROPRIATE REGION**

Hastings, Prince Edward	Kingston, Frontenac, Lennox & Addington	Lanark, Leeds & Grenville
Counselling Services of Belleville & District 12 Moira Street East Belleville, ON K8P 2R9 Phone: 613-966-7413 Fax: 613-966-2357	Pathways for Children and Youth 993 Princess Street, Unit 14 Kingston, ON K7L 1H3 Phone: 613-546-1422 Ext. 1 Fax: 613-546-0623	Lanark Community Programs 30 Bennett Street Carleton Place, ON K7C 4J9 Phone: 613-257-7619 Ext. 242 Fax: 613-257-2675 Toll Free: 1-866-257-7618

<b>Intake Administrative Use Only</b>		<b>Client ID#</b>	
Date of First Contact (m/d/y)	Date Referral Form Received (m/d/y)	Date Documentation Received (m/d/y)	Reports Attached
			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Applied Behaviour Analysis (ABA) Program  
and  
Intensive Behavioural Intervention (IBI) Program**

<b>Who can refer?</b>	<b>Parents, legal guardians and designated professionals</b> (ie: Physicians, Psychologists, Psychological Associates, Psychiatrists, Speech Language Pathologists, Occupational Therapists, Registered Social Workers and Nurses).	
	<b>ABA</b>	<b>IBI</b>
<b>Referral Criterion</b>	<ul style="list-style-type: none"> <li>• Has Autism Spectrum Disorder diagnosis by a qualified diagnostician</li> <li>• Requires skill development in one or more area of development</li> <li>• Re-referrals to ABA may be made</li> <li>• May receive ABA service while waiting for or following completion of IBI service</li> </ul>	<ul style="list-style-type: none"> <li>• Has diagnosis of Autism Spectrum Disorder toward the severe end as determined by a qualified diagnostician</li> <li>• A diagnostic report including a brief description of ASD severity, key areas of development and community involvement is included with referral form</li> <li>• Has not already been determined to be ineligible for IBI</li> <li>• Has not received IBI in the past</li> </ul>
<b>Intensity &amp; Length</b>	<ul style="list-style-type: none"> <li>• ABA is primarily a small group based service</li> <li>• Time-limited skill building using a mediator model</li> <li>• Short term – 2-6 months</li> <li>• Approximately 2 hours per group for 8 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• IBI is an application of Applied Behaviour Analysis using systematic methods to encourage development and to change behaviour</li> <li>• IBI is predominantly delivered in a 1:1 format and small group instruction</li> <li>• Longer term – 6-24 months</li> <li>• Approximately 20-24 hours per week</li> </ul>
<b>Focus of Goals</b>	<ul style="list-style-type: none"> <li>• <b>For children ages 0-6 years</b> <i>Developing Social Skills through play</i></li> <li>• <b>For children/youth ages 6-17 years</b> <i>Focus on 4 key areas</i></li> <li>• Behaviour/Self Regulation</li> <li>• Communication</li> <li>• Social Skills</li> <li>• Activities of Daily Living</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on improving the child's rate of learning in a variety of developmental domains and preparing for successful participation in full time educational settings</li> <li>• A structured and individualized approach</li> <li>• Clinically most effective with young children</li> </ul>
<b>Parent/Guardian Participation</b>	<ul style="list-style-type: none"> <li>• Participate in and complete Parent Education sessions – Expanding Minds</li> <li>• Participate in and contribute to development of individualized child and family goals</li> <li>• Participate in 8 sessions for 0-6 year group (Ready, Set, Play)</li> <li>• Participate in coaching sessions and apply skills learned with child/youth</li> <li>• Participate in a one month follow up</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in and complete Parent Education sessions – Expanding Minds</li> <li>• Participate in and contribute to development of individualized child and family goals</li> <li>• Participate in all meetings and reviews related to child</li> </ul>
<b>Clinical Supervision</b>	<ul style="list-style-type: none"> <li>• Clinically supervised using the principles of Applied Behaviour Analysis</li> <li>• Clinical team comprised of parent/guardian, Clinical Supervisor and ABA Therapist</li> </ul>	<ul style="list-style-type: none"> <li>• Clinically supervised using the principles of Applied Behaviour Analysis</li> <li>• Clinical team comprised of parents/guardian, Clinical Supervisor, Instructor Therapist, Psychologist, Psychometrist, Family Support and other service providers as indicated</li> </ul>