

Participant Application – Inclusion Clare BASIC INFORMATION

Applicant Information	
Applicant's Name:	Date of Application:
Applicant's preferred name/nick name:	Applicant's preferred pronoun:
Date of Birth:	Address:
City:	Postal Code:
Email:	
Person Completing Application:	

Parent/Guardian Information	
Name:	Relationship:
Phone home/cell:	Phone work:
Address (If different from Applicant):	
City:	Postal Code:
Email:	

Emergency Contact	
Name:	Relationship:
Phone home/cell:	Phone work:
Email:	
Transportation	
Mode of Transportation:	
Arrival Time:	Departure Time:

Disability Benefits			
Case Manager:			
Email:	Phone Number:		
Name of Disability Program:			
Applicant Case Number:			
Health Information			
Doctor:	Phone:		
Health Card #:			
Diagnosis, if any:			
Allergies, if any:			
Dietary Limitations, if any:			
Medications (Name Dosage Times Taken)			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Admission Form – Atelier de Clare

SKILLS PROFILE

Areas	The development of skill is an expectation of the day program	<u>Level 1</u> Needs assistance to do	<u>Level 2</u> Can do it all alone	<u>Level 3</u> Depends on the circumstances
A.Literacy : Oral Communication				
1. Uses sufficient vocabulary in their communications				
2. Understands and follows directions				
3. Maintains a conversation and stays on topic				
4. Asks for help when needed				
5. Is aware of their skills/interests and can communicate them				
6. Speaks clearly				
7. Makes themselves understood				
B. Literacy : Reading				
1. Reads and understands instructions				
2. Reads and understands books				
3. Reads books for leisure				
4. Reads recipes				
5. Passes a driving test				
6. Reads and understands their daily schedule				

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7. Uses a computer				
8. Reads and understands emergency procedures/messages				
9. Can do public speaking				
C. Literacy : Writing				
1. Writes messages				
2. Writes own name				
3. Writes birthday/holiday cards				
4. Uses a keyboard to write				
D. Numeracy				
1. Adds and subtracts for making purchases				
2. Does math for daily living				
3. Can budget personal expenses				
4. Reads calendars				
5. Tells time				
6. Knows own age and birthday				
7. Knows their phone number				
8. Takes measurements for recipes				
9. Buys gifts for friends				

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E. Employment				
1. Takes and passes tests				
2. Participates in employer interviews				
3. Recognizes a job well done				
4. Meets the demands of the job				
5. Knows how to job search				
6. Knows how to write a cheque				
7. Uses a bank machine				
8. Knows how to make transactions with a bank teller				
9. Reads and understands a pay statement				
10. Dresses appropriately for work				
11. Arrives at work well prepared				
12. Arrives at work on time				
13. Works consistently and continuously				
14. Follows break and lunch routines				
15. Stays at work for the allotted time				
16. Accomplishes one task at a time				

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17. Accomplishes two or three tasks at a time				
18. Accomplishes tasks in sequence				
19. Maintains a clean workspace				
20. Knows when a task is completed				
21. Knows how to approach a leader if a problem arises and they are unable to complete a task				
22. Knows how to ask for clarification when they do not understand a directions				
23. Can adapt to changes with regards to how a task is done				
24. Can adapt to changes in the work environment				
F. Home and Daily Living				
1. Prepares food				
2. Sweeps				
3. Knows how to dust				
4. Washes dishes				
5. Washes clothes				
6. Makes their bed				
7. Chooses clothing to wear that is suitable				

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8. Gardens				
9. Turns on appliances				
10. Prays / Has spiritual routines				
11. Can create a comfortable environment at home				
12. Decorates their room				
13. Plans daily activities				
14. Participates in family or group activities				
15. Maintains connections with family members and friends				
16. Participates in solo leisure activities				
17. Chooses and plans individual leisure activities at home or in the community				
18. Respects a code of conduct for living with others				
19. Understands common household dangers (i.e. Chemicals, stove/oven, fire hazards, etc.)				
G. Solitary and Group Recreation				
1. Is a good winner and a good loser				
2. Participates in physical activity on a regular basis				

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3. Watches TV				
4. Plays computer/video games				
5. Plays an instrument				
6. Listens to music and/or radio				
7. Takes care of own things				
H. Community Leisure				
1. Takes part in religious activities in the community				
2. Volunteers				
3. Goes to funerals				
4. Is comfortable in community-based activities				
5. Participates appropriately in community activities				
I. Community Activities				
1. Does community fundraising				
2. Goes to parties				
3. Participates in civic activities				
4. Votes during elections				
J. Physical Health				
1. Does physical activity				
2. Does exercises as set out by a specialist, if any				
3. Brushes own teeth				

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4. Bathes self				
5. Washes hands				
6. Sleeps				
7. Takes medications				
8. Understands recommendations from physicians to improve their health				
9. Communicates symptoms when unwell				
10. Avoids injury				
11. Dresses own minor wounds				
K. Mental Health				
1. Follows health professionals' recommendations with regards to mental health				
2. Expresses their emotions				
3. Recognizes and communicates their emotions				
4. Expresses affection				
5. Respects others' personal space				
6. Communicates troubles				
7. Is comfortable participating in a group				
8. Has good self-esteem				

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9. Encourages and is proud of others				
10. Is optimistic				
11. Can empathize with others				
12. Consoles others when sad				
13. Gives compliments				
14. Says Good Night				
15. Says Good Morning				
16. Asks how someone is				
17. Understands the reactions of others and responds accordingly				
18. Can manage anger				
19. Shares with others				
M. Personal Health				
1. Can take care of their personal health by following physicians'/specialists' recommendations				
2. Expresses sensuality with others if consensual				
3. Understands the difference between sexual touch and non-sexual touch				
4. Takes care of their own body				
5. Follows sexual health care				

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6. Puts on and disposes of own sanitary pads, if applicable				
N. Diet				
1. Eats with utensils				
2. Prepares snacks				
3. Makes healthy food choices				
4. Respects the food guide				
5. Can portion food appropriately				
6. Washes tables				
7. Prepares meals				
O. Personal Care				
1. Brushes hair				
2. Trims/cuts nails				
3. Shaves				
4. Puts on makeup				
5. Puts on deodorant				
6. Dresses according to the seasons				
7. Washes bedding				
8. Cleans own ears				
9. Wipes own mouth				

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P : Interpersonal				
1. Actively listens				
2. Their social interactions are appropriate: the content, the volume, the length of the discussion ...				
3. Recognizes problems in social interactions with peers and can react appropriately				
4. Understands the difference between lending something, borrowing something and taking something without asking				
5. Demonstrates appropriate relationships - employee / employer and employee / employee				
7. Understands how to participate in a discussion in an appropriate way (i.e. how to interrupt politely at appropriate times and for acceptable reasons)				
8. Works in a team by demonstrating co-operative skills and contributing to the common goals of the team or organization				

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9. Helps others				
10. Discriminates between reality and fantasy				
11. Has a positive self-image				
12. Resolves problems at work				
13. Can handle stress well				
14. Can handle emotions in difficult situations				
15. Can accept offers from others				
16. Understands the loss of something important				
17. Understands the process of mourning and death				
18. Understands their emotions				
19. Is motivated and has interests/passions				
20. Possesses the social skills to have conversations with new people				
Q. Daily Living Skills				
1. Walks alone in the community				
2. Drives				
3. Gets to work independently				
4. Puts on own seatbelt				
5. Prepares themselves upon arrival at work (i.e. hangs up coat, puts away personal things, etc.)				

**Admissions Form – Inclusion Clare
INTERESTS AND GOALS**

<p>Does the applicant have a transition plan and/or individual plan from school or previous place of employment? <i>If so, please submit it to the Day Program Coordinator with application.</i></p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>Why would you like to attend our Day Program?</p>
<p>What are the applicant's main interests and skills?</p>
<p>What activities/situations does the applicant dislike?</p>
<p>What kinds of programs would the applicant like to participate in at the day program?</p> <p><input type="checkbox"/> Life Skills Development <input type="checkbox"/> Literacy Courses <input type="checkbox"/> GED Program <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Community Employment <input type="checkbox"/> Vocational Training <input type="checkbox"/> Leadership Training <input type="checkbox"/> Leisure: games, parties, outings <input type="checkbox"/> Pool <input type="checkbox"/> Gym <input type="checkbox"/> Self-Advocacy Training <input type="checkbox"/> Volunteering <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Serving on boards and committees</p>
<p>What goals would the applicant like to achieve as a participant in our day program?</p>

**If interested in working, what are the applicant's main motivations to work?
(Please number according to priority)**

Wages/money Learning new skills Contributing gifts/talents
 Social interaction Resume building Validation/Accomplishment
 Other: _____

From Monday to Friday, how many days a week would you like to come to work?

From 9:15 am - 12:15 pm, how many hours a day would you like to participate in work-related activities (1, 2, or 3)?

Please select the work areas that interest you:

- Kindling Shredding and Sorting Cleaning Engraving
 Organizing Social Media Kitchen

Anything else we should be aware of?

Please return form in person, by mail or email to admissions@inclusionclare.ca. We will be in contact shortly to confirm receipt.