



## Parent Workshop Series: Successful Transition from Elementary to Post-Secondary *Online Parent Program Registration Form*

*The following 5 pages to be completed by the parent/guardian*

Student

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Elementary School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Board: \_\_\_\_\_ Expected High School: \_\_\_\_\_

Where did you hear about the program? (school referral, social media, word of mouth, etc.) \_\_\_\_\_

Parent/Guardian 1 (primary contact)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone #: \_\_\_\_\_  Work  Home  Cell

Email Address: \_\_\_\_\_

Preferred method(s) of contact:  Phone  Email

Home address: \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian 2

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method(s) of contact:  Phone  Email

Home address: *Same as above*

\_\_\_\_\_  
 \_\_\_\_\_

**Program Eligibility**

To be eligible for this program, your child should be (please check the appropriate boxes):

In grades 7 or 8	<input type="checkbox"/>
Average or above average intellectual ability	<input type="checkbox"/>
Difficulty in reading, writing, and/or math	<input type="checkbox"/>
<b>AND (one or more of the following)</b>	
Learning Disability Diagnosis	<input type="checkbox"/>
ADHD Diagnosis	<input type="checkbox"/>
Strong indicators of the presence a learning disability or ADHD	<input type="checkbox"/>

If your child meets this criteria and has either documentation from a **Psychoeducational Assessment** or a **Special Education Endorsement form** completed by the Special Education Department at their school, please complete the following Background Information Questionnaire, and Documentation and Consent form. If your child does not have the documentation, please contact [steps@queensu.ca](mailto:steps@queensu.ca) to discuss.



## Background Information Questionnaire



1. Who is completing this form? What is your relationship to the student?
2. Please list any diagnosed disabilities your child has (if any).
3. What problems or questions have caused you to want to participate in this program for yourself or your child?
4. What interventions/strategies have you already used to address these problems? What was the outcome?
5. What would you like to gain out of your participation in our program?

## Academic

6. Current teacher (if multiple, who knows the student the best):

7. Please describe any academic challenges experienced at school.

8. Please describe any behavioural or psychological difficulties experienced at school.

## Psychological/Behavioural

9. Please check all that apply regarding your child:

- |  |  |
|--|--|
| <input type="checkbox"/> Depression/sadness  | <input type="checkbox"/> Mean to people                            |
| <input type="checkbox"/> Changes in eating or sleeping habits                        | <input type="checkbox"/> Steals                                    |
| <input type="checkbox"/> Feelings of worthlessness, hopelessness, or low self-esteem | <input type="checkbox"/> Lies easily                               |
| <input type="checkbox"/> Suicidal ideation or behaviours                             | <input type="checkbox"/> Skips school                              |
| <input type="checkbox"/> Anxiety/nervousness   | <input type="checkbox"/> Rapid mood changes                        |
| <input type="checkbox"/> Excessive fears or phobias                                  | <input type="checkbox"/> Euphoria (feel on top of the world)       |
| <input type="checkbox"/> Nightmares  | <input type="checkbox"/> Visual or auditory hallucinations         |
| <input type="checkbox"/> Recurrent intrusive thoughts                                | <input type="checkbox"/> Toileting accidents                       |
| <input type="checkbox"/> Poor frustration tolerance                                  | <input type="checkbox"/> Inattentive                               |
| <input type="checkbox"/> Explosive anger   | <input type="checkbox"/> Easily distracted                         |
| <input type="checkbox"/> Aggressive/violent  | <input type="checkbox"/> Restless/difficulty sitting still         |
| <input type="checkbox"/> Destroys other people's property                            | <input type="checkbox"/> Impulsive                                 |
| <input type="checkbox"/> Mean to animals   | <input type="checkbox"/> Exhibits sexually inappropriate behaviour |
|  | <input type="checkbox"/> Other                                     |



## Documentation and Consent Form



### Attendance

The Parent Workshop Series is being offered in 4 sessions from 6:00-7:30pm on May 15, 22, 29 and June 5, 2024.

NOTE: One parent/guardian attending each week meets the attendance requirement.

I agree that a parent will attend all parent workshop sessions:  YES  NO

### Documentation

To complete your registration, please submit the following:

- Registration form, background information questionnaire, and documentation and consent form
- Child's IEP
- Child's psychoeducational assessment or special education endorsement form

### Consent

I agree to provide copies of my child's IEP and their most recent psychoeducational assessment or Special Education Endorsement form to confirm my participation in the program. I also acknowledge that the program consists of 4 weeks and by accepting a spot in the program, I agree to attend the full program.

*\*Only one signature required*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Completed registration packages can be sent to RARC by fax, via email or dropped off in person. For confidentiality reasons, electronic packages should be password protected or sent via a secure portal such as [SecureDocs](#) to [steps@queensu.ca](mailto:steps@queensu.ca). The deadline to submit registration forms is April 26, 2024.*