# Referral Checklist

## Regional Assessment and Resource Centre (RARC)

Queen's University - Mackintosh-Corry Hall, Room B100
68 University Avenue – Kingston, ON K7L 3N6
P: (613) 533-6311 | F: (613) 533-6564 | E: rarc@queensu.ca

Please complete and submit the following documents via SecureDocs.
Go to www.securedocs.ca and register for a free account to send to rarc@queensu.ca

**Required Documents:**

- ☐ **Intake Information Form**
- ☐ **RARC Financial Contract**
  - If the student is OSAP eligible or was OSAP eligible in the previous academic year, and the BSWD/CSG-PDSE funding application deadline has been missed, or is not yet open, the **RARC MAT Promise to Apply for OSAP and BSWD** form will also be required.
- ☐ **RARC Common Consent Form**
- ☐ **RARC Questionnaire** (including handwritten short story and retrospective checklist)
- ☐ **Supporting Documents:**
  - Elementary School Year-End Report Cards from JK to Grade 8
  - Secondary School Semester-End Report Cards from Grade 9 to Grade 12
  - High School Transcript
  - If applicable, most recent IEP
  - If applicable, your most recent unofficial / official post-secondary transcript
  - If applicable, previous assessment report(s)
- ☐ **RARC Referral Form or Email/Letter from Accessibility Advisor** to rarc@queensu.ca providing rationale for the referral

# Intake Information Form

## Regional Assessment and Resource Centre (RARC)

Mackintosh-Corry Hall, Room B100 | 68 University Avenue, Kingston, ON K7L 3N6
P: (613) 533-6311 | F: (613) 533-6564 | E: rarc@queensu.ca

*This section is to be completed by RARC Staff*

| **Intake:** | **Supervised By:** |
|---|---|

**Today's Date**: _____
(MM/DD/YYYY)

**Please indicate below how you were referred to the Regional Assessment and Resource Centre:**

| | | |
|---|---|---|
| ☐ Student Accessibility Services | ☐ Counselling Services | ☐ Secondary School |
| ☐ Family Doctor | ☐ LD Association of Ontario | ☐ Other: |

**Please complete all fields below:**

**Full Name:** _____ _____ _____
(Please Print) Surname (Last Name) Given Name(s) Preferred Name

**Student Number:** _____ **Date of Birth:** _____
(Post Secondary) (MM/DD/YYYY)

**Gender:** ☐ Female ☐ Male ☐ Other **Preferred Pronouns:** _____

**Student Email:** _____ **Cell Phone:** _____

**Local Address:** _____ _____ _____
Street # and Name City Postal Code

**Permanent (Family) Address:** _____ _____ _____
(If different from above) Street # and Name City Postal Code

**Emergency Contact Information:** _____ _____ _____
(This must be filled in) Name Relationship Phone Number

**Please indicate your current academic status:**

| | |
|---|---|
| ☐ High School Student | ☐ College/University Student |

**Name of High School:** _____ **Current Grade / Last Grade Completed:** _____

**Which College/University are you enrolled in?:** _____

| **Program:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ **Full Time** | ☐ **Part-Time** | **Year:** | ☐ **1** | ☐ **2** | ☐ **3** | ☐ **4** | ☐ **Other:** |

**For which term(s):** ☐ Fall *(Sept-Dec)* ☐ Winter *(Jan-Apr)* ☐ Spring *(May-Jun)* ☐ Summer *(Jul-Aug)*

**How many courses per term?:** _____

# Autism Spectrum Disorder Assessment (ASD) Financial Contract


## Regional Assessment and Resource Centre (RARC)

Queen's University - Mackintosh-Corry Hall, Room B100
68 University Avenue – Kingston, ON K7L 3N6
P: (613) 533-6311 | F: (613) 533-6564 | E: rarc@queensu.ca


Student Name:_____ College / University:_____

Student Email:_____ Phone Number: _____

## Fee for Autism Spectrum Disorder Assessment: $3,200

You may be eligible to receive full or partial funding for the assessment fee through using one or more of the following methods:

- Private Insurance Coverage **(must be used before BSWD/CSG-PDSE funds can be accessed)**
- Provincial and/or Federal OSAP Funding (BSWD/CSG-PDSE)
- Sliding Scale Fee **(only applicable to those who are ineligible for OSAP funding and who do not have insurance coverage).**

***Note:*** *If you are unsure of your funding coverage, please register with your Student Accessibility Services Office for assistance.*

| **Do you have private insurance coverage that covers psychological services/assessments?** (i.e., through your school, parents'/guardians' and/or you or your spouse's work) | |
|---|---|
| ☐ Yes (Complete insurance information below) | ☐ No (Proceed to page 2) |

Does your insurance cover the full assessment fee indicated above? ☐ Yes ☐ No

**If yes,** fill out the information below and select Option #1 on page 2.

**If no,** fill out the information below and select the applicable option on page 2.

---

*Please note that some insurance companies require a referral from your family doctor.*

Name of Insurance Company: _____

Amount Covered: _____

***If applicable****:*

Name of Secondary Insurance Company: _____

Amount Covered: _____

# Financial Options

Please select **ONE** of the following financial options (*Payment or deposit must be provided at/by the first appointment)*:

☐ **Option # 1:**

Paying full assessment fee out-of-pocket (self, parent/guardian, or through insurance)

→ $3,200

☐ **Option # 2:**

Eligible for Provincial/Federal OSAP – BSWD/CSG-PDSE

→ $3,200 *(if assessment reveals a permanent disability diagnosis)*

→ $2,000 *(if assessment does not reveal a permanent disability diagnosis)*

- RARC will waive remaining fee if you have no insurance coverage or coverage is less than $1,200

☐ **Option # 3:**

Eligible for Federal OSAP – CSG-PDSE only

→ $3,200 *(if assessment reveals a permanent disability diagnosis)*

→ $500 or amount covered by insurance; whichever amount is greater
*(if assessment does not reveal a permanent disability diagnosis)*

☐ **Option # 4:**

Not eligible for OSAP funding (BSWD/CSG-PDSE)

→ Fee will be determined using the sliding scale chart attached, the provided notice of assessment/income tax return and if applicable, student's insurance coverage.

**Requirements:**

- Proof of OSAP ineligibility sent to rarc@queensu.ca (letter or screenshot)
- Proof of income with most recent income tax return sent to rarc@queensu.ca

**Late, No-Show Policy and Cancellation Policy**

If an appointment needs to be rescheduled, students are expected to provide 24 hours' notice prior to their scheduled appointment. If the student does not provide 24 hours' notice, a fee of $200 will be charged. Furthermore, if a student is late 30 minutes or more, a charge of $50 per 30 minutes will be charged. These fees are in addition to the agreed upon assessment fee. If a student cancels the assessment after it has already been started, they will still be charged a portion of the assessment fee.

As outlined above, I understand and agree to the Late, No-Show and Cancellation Policy. I agree to adhere to the instructions outlined in Financial Option # _____, and I will provide payment before my first appointment.

Student Signature: _____ Date: _____

# Sliding Scale Fee Chart

The Sliding Scale Fee Chart is used to determine maximum out-of-pocket assessment cost for students. Out-of-pocket means the amount a student will pay after insurance reimbursement has been taken into consideration.

| Sliding Scale | |
|---|---|
| **Net Income** | **Flat Rate** |
| > $150,000 | $3,200.00 |
| $125,000 - $149,999 | $2,800.00 |
| $100,000 - $124,999 | $2,400.00 |
| $80,000 - $99,999 | $2,000.00 |
| $70,000 - $79,999 | $1,700.00 |
| $50,000 - $69,000 | $1,400.00 |
| $30,000 - $49,999 | $1,100.00 |
| $10,000 - $29,999 | $ 800.00 |
| < $10,000 | $ 500.00 |

# Promise to Apply for OSAP and BSWD


## Regional Assessment and Resource Centre (RARC)

Mackintosh-Corry Hall, Room B100 | 68 University Avenue, Kingston, ON K7L 3N6

P: (613) 533-6311 | F: (613) 533-6564 | E: rarc@queensu.ca


**Please complete this form if you are requesting financial assistance for an assessment and have missed the OSAP application deadline, or if the applications are not yet open for the upcoming academic year.**

**To apply for financial assistance when the OSAP application deadline is missed/ applications not yet available:**

1. Complete the RARC Financial Contract form and send to rarc@queensu.ca via SecureDocs (**Go to www.securedocs.ca, and register for a free account to send your documents**.)
2. Send your *Notice of Assessment* (independent students) or your parents' *Notice of Assessment* (dependent students) to rarc@queensu.ca via SecureDocs to determine the Sliding Scale fee amount.
3. Provide a post-dated cheque (payable to Queen's University and dated September 30, of the current year) for the full assessment fee ($2,800 or $3,200) in case you are fully eligible for OSAP and the BSWD.
4. Provide a post-dated cheque (payable to Queen's University and dated September 30, of the current year) for either the Sliding Scale fee amount, the amount of insurance coverage, or the minimum of $500 (whichever is greater).
5. **Provide post-dated cheques at first in-person appointment, or mail both cheques to the RARC address displayed at the top of the form**.

I, _____ , agree to apply for OSAP (Ontario Student Assistance Plan) by August of the current
Name of Student (Please Print)

calendar year. Furthermore, if I am OSAP eligible, I agree to apply for the BSWD (Bursary for Students with Disabilities) funding program through the Student Accessibility Services office at my post-secondary institution in order to reimburse the Regional Asssessment and Resource Centre for the portion of the assessment cost that I did not pay originally.

- Once my OSAP eligibility status is determined, I agree to e-mail RARC at rarc@queensu.ca to let them know of my eligibility.
- If I am OSAP eligible, I agree to allow RARC at Queen's University to cash the applicable post-dated cheque provided.
- If I am **not** OSAP eligible, I understand that RARC will cash the applicable cheque provided that corresponds with my eligibility (insurance, sliding scale fee amount or minimum payment of $500).

Student Signature: _____ Date: _____

# Common Consent for Release of Information

## Regional Assessment and Resource Centre (RARC)

Mackintosh-Corry Hall, Room B100 | 68 University Avenue, Kingston, ON K7L 3N6
P: (613) 533-6311 | F: (613) 533-6564 | E: rarc@queensu.ca

This consent form enables the professional members of staff to provide clients with more effective service. If you are seen by a number of members of staff, it will be important for the professionals you see to share information so that they can provide you with the best possible service in a timely manner.

I, _____ _____,
(PRINT FULL NAME) (STUDENT NUMBER)

of _____ _____ _____,
(STREET # AND NAME) (CITY, PROVINCE) (POSTAL CODE)

hereby consent to the exchange of the information selected below about myself between the staff members of the **Regional Assessment and Resource Centre (RARC)**, and those who are involved in providing services to me at _____. I understand that this consent to release information will be in effect while I am a student at _____. I understand that no information will be released to any other person outside of those involved in providing services to me, except where confidentiality is limited by federal or provincial statute. I understand that I may withdraw this consent at any time by making written notice to the **Clinical Director of RARC**, who will then inform all involved members of this withdrawal of consent.

Please select all that apply:

- ☐ Relevant Financial Information including but not limited to the Disability Verification Form (DVF), OSAP BSWD/CSG-PDSE funding programs, and insurance coverage.
- ☐ Relevant Clinical Information including but not limited to scheduling, progress, and the assessment report.

I understand that the **Regional Assessment and Resource Centre** will inform _____ as to when and if the assessment has been completed. If I choose to withdraw my consent, I understand that no other specific information will be shared with the mentioned sources, but they will be made aware of the status of my assessment.

I understand that a withdrawal of this consent may result in discontinuation of services at the **Regional Assessment and Resource Centre (RARC)**, and/or _____.

Student Signature: _____ Date: _____

# RARC-Q

## Screener Questionnaire

REVISED SEPTEMBER 2022

## Queen's University

### Regional Assessment and Resource Centre (RARC)


**Mackintosh-Corry Hall, Room B100**
**68 University Avenue**
**Kingston, ON K7L 3N6**

www.queensu.ca/rarc | (613) 533-6311 | (613) 533-6564

## Overview:

- The RARC-Q is intended to provide the psychologists at the Regional Assessment and Resource Centre (RARC) with information prior to your initial interview and will be used to decide whether a formal psychoeducational assessment is appropriate.

- All information you provide is strictly confidential and no one outside the RARC team will have access to it without your knowledge and written consent.

- Please make every attempt to obtain the documentation that is requested throughout the questionnaire.

- Questions in the RARC-Q will fall within the following categories:

    - Background Information
    - Current Academic Program
    - Educational History
    - Medical History
    - Family History
    - Social Functioning
    - Career Goals
    - Non-Academic Strengths

## Answering the RARC-Q:

- It is important to provide the information requested in as much detail as possible, and to answer every question.

- If you have trouble with any of the questions, or wonder about the purpose of a specific question, please discuss these concerns during the initial interview.

- Your initial appointment will not be scheduled until this form is returned.

## Assessment Process:

- Involves tests of intellectual and thinking skills, academic abilities, memory, perceptual skills, and any other tests deemed appropriate.

- Typically takes approximately 8 hours spread over a series of testing sessions, each lasting between 2 and/or 3 hours.

# BACKGROUND INFORMATION

Name: _____

Preferred Pronouns: _____

Student Number (College/University): _____

Date of Birth (MM/DD/YYYY): _____

Full Local Address
(city/province and postal code included): _____

_____

Contact Phone Number: _____

Email Address: _____

1. Are you OSAP eligible? ☐ Yes ☐ No ☐ Unsure

2. Have you met with Student Accessibility Services at your college/university? ☐ Yes ☐ No ☐ Unsure

3. Have you ever received accommodations (special arrangements) at school in the past? ☐ Yes ☐ No ☐ Unsure

4. Have you ever been assessed previously? ☐ Yes ☐ No ☐ Unsure

5. a) What are the academic challenges you experience?

b) What accommodations/assistance do you think you need in order to succeed?

c) What do you hope to get from this assessment?

## CURRENT ACADEMIC PROGRAM

Please attach the most recent copy of your college or university transcript. *

Is this summary attached?

Yes ☐ No ☐

If no, what attempts have been made to obtain your transcript?

**Your transcript is a cumulative record of all courses taken to date and is available at the end of each semester.*

6. a) What college/university are you or will you be attending? _____

b) What is or will be your program of study (e.g. Biology, Business)? _____

c) What is or will be the length of program? (e.g. 4 years) _____

7. Number of courses you have completed in your program to date at this college/university? _____

8. Are you currently receiving academic accommodations? Yes ☐ No ☐

If yes, what are they? Please select all that apply below:

| | | | |
|---|---|---|---|
| ☐ | Extra time for tests/exams; How much extra time? | ☐ | Note Taker |
| ☐ | Separate room for tests/exams | ☐ | Scribe |
| ☐ | Memory Aid/Formula sheets | ☐ | Reduced course load |
| ☐ | Use of adaptive technology (Kurzweil, Dragon, etc.) | ☐ | Other (Please Specify): |

9. For those courses in which you received a low or falling grade, what do you believe were contributing factors? Please select all that apply below:

| | | | |
|---|---|---|---|
| ☐ | Lack of background knowledge in the subject | ☐ | Professors teaching style |
| ☐ | Difficulty understanding abstract or conceptual material | ☐ | Difficulty taking exams (e.g. anxiety, not enough time) |
| ☐ | Lack of studying and/or poor time management | ☐ | Not attending class |
| ☐ | Too much emphasis on memorization of details (names, definitions, etc.) | ☐ | Other (Please Specify): |

10. Are you in danger of being asked to withdraw at the present time? Yes ☐ No ☐

If yes, please explain:

# EDUCATIONAL HISTORY

11. Were you previously enrolled in another post-secondary program? Yes ☐ No ☐

If yes, what school did you attend, and what program were you enrolled in?

Did you complete this program? Yes ☐ No ☐

**Please attach the <u>most recent</u> copy of your previous college or university transcript. ***

**Is this summary attached?**

**Yes** ☐ **No** ☐

**If no, what attempts have been made to obtain your transcript?**

**Your transcript is a cumulative record of all courses taken to date and is available at the end of each semester.*

12. Did you receive any accommodations at this other school? Yes ☐ No ☐

If yes, what were they? Please select all that apply below:

| | | | |
|---|---|---|---|
| ☐ | Extra time for tests/exams; How much extra time? | ☐ | Note Taker |
| ☐ | Separate room for tests/exams | ☐ | Scribe |
| ☐ | Memory Aid/Formula sheets | ☐ | Reduced course load |
| ☐ | Use of adaptive technology (Kurzweil, Dragon, etc.) | ☐ | Other (Please Specify): |

## High School Education

Please attach a copy of your High School Transcript*, copies of your semester-end report cards (Grades 9-12) where available**, and if applicable, your most recent IEP.

Have you attached your High School Transcript?

Yes ☐ No ☐

Have you attached your semester-end report cards (Grades 9-12), and if applicable, your most recent IEP?

Yes ☐ No ☐

If no, what attempts have you made to obtain your transcript/ report cards?

*Your High School Transcript is the cumulative record of your successful completion of secondary school courses. It lists all the courses taken and the grade received. See the appendix for information on how to obtain your High School Transcript. **Although only semester-end report cards are required, individual report cards per term may be helpful with individualized teacher comments.*

13. How many high schools did you attend? _____

Please list the name(s) and include dates for each high school you attended below:

1. Name of High School: _____ Dates Attended: _____
2. Name of High School: _____ Dates Attended: _____
3. Name of High School: _____ Dates Attended: _____

What was the last grade you completed in high school (i.e. Grade 12)? _____

Did you take any workplace/essential level or locally developed courses? Yes ☐ No ☐ Unsure ☐

14. Did you retake any of your courses in an attempt to raise your marks for college or university admission? Yes ☐ No ☐

If yes, please give subject names, marks received on first and subsequent attempts and other relevant information:

15. Throughout high school, were you given an opportunity to retake tests or rewrite essays in an effort to increase your marks? Yes ☐ No ☐

If yes, please discuss below:

16. What subjects were easiest for you in high school? What grade did you get in these subjects?

To what do you attribute the success? Please select all that apply:

| | | | |
|---|---|---|---|
| ☐ | High interest in the subject | ☐ | Supportive teacher |
| ☐ | Good background knowledge in the subject | ☐ | Parents helped me with assignments |
| ☐ | Hard work/ good study habits | ☐ | Small class size |
| ☐ | Few assignments | ☐ | Few tests/exams |
| ☐ | Other (please specify): | | |

17. What subjects were the most difficult for you in high school? What grade did you get in these subjects?

To what do you attribute these difficulties? Please select all that apply below:

| | | | |
|---|---|---|---|
| ☐ | Little interest in the subject | ☐ | Teacher's teaching style did not match my learning style |
| ☐ | Weak background knowledge in the subject | ☐ | Difficulty getting exams done in given time |
| ☐ | Lack of studying/poor study habits | ☐ | A lot of reading/memorizing |
| ☐ | Lots of assignments | ☐ | Lots of tests/exams |
| ☐ | Other (please specify): | | |

18. Did you receive any accommodations/support in high school because of learning difficulties? Yes ☐ No ☐

If yes, what accommodations/ support did you receive? Please select all that apply below:

| | | | |
|---|---|---|---|
| ☐ | Extra time for tests/exams;<br>How much extra time? | ☐ | Note Taker |
| ☐ | Separate rooms for tests/exams | ☐ | Scribe |
| ☐ | Memory Aid/Formula sheets | ☐ | Reduced course load |
| ☐ | Use of adaptive technology (Kurzweil, Dragon, etc.) | ☐ | Other (please specify): |

## Elementary School Education

| | |
|---|---|
| | **Please attach copies of your <u>year-end</u> report cards* from Grades JK to 8, and the last elementary IEP received, if applicable.**<br><br>**Have you attached your <u>year-end</u> report cards (Grades JK to 8)?**<br><br>**Yes ☐ No ☐**<br><br>**If applicable, have you attached a copy of your IEP?**<br><br>**Yes ☐ No ☐**<br><br>**If no, what attempts have you made to obtain your transcript/ report cards?**<br><br>**See the appendix for information on how to obtain your report cards.* |

**When completing this section, you will find it helpful to talk to family members and refer to your previous report cards. As it is very important that we obtain accurate information regarding past academic difficulties as a young child, we strongly encourage you to discuss these questions with family members or someone who knew you well as a child.**

19. Did you discuss the questions in this section with a family member? Yes ☐ No ☐

If not, please explain why below:

20. What difficulties did you experience in elementary school? Please select all that apply below:

| | | | |
|---|---|---|---|
| ☐ | Trouble learning to read | ☐ | Trouble sitting still in class |
| ☐ | Trouble learning arithmetic | ☐ | Trouble expressing self verbally (speaking) |
| ☐ | Trouble learning how to spell | ☐ | Trouble getting seat-work done |
| ☐ | Trouble paying attention | ☐ | Other (please specify): |

21. How many elementary schools did you attend before grade 9? _____

22. What comments did teachers make *frequently* about you? Be specific. Consider both academic and behavioural comments (positive and/or negative).

23. Did you receive extra help while in elementary school? Yes ☐ No ☐

If yes, select all that apply below for any formal help that was provided:

| | | | |
|---|---|---|---|
| ☐ | Reading recovery/small group reading help | ☐ | Special school for kids with learning differences |
| ☐ | Special class for students with learning differences | ☐ | After school tutoring |
| ☐ | Modified coursework (did not have to work at the same grade level as rest of class) | ☐ | Educational Assistant (EA) assigned to help in class |
| ☐ | Adaptive technology assistance (e.g. speech to text, text to speech, type vs handwrite) | ☐ | Other (please specify): |

24. Have you ever repeated a grade? Yes ☐ No ☐

If yes, please provide details below:

25. Have you ever had any "special testing" done because of learning/attention difficulties? Yes ☐ No ☐

If yes, what kind of testing was done, and by whom?

| | | | |
|---|---|---|---|
| ☐ | Occupational Therapist Testing: | ☐ | Psychologist Testing: |
| ☐ | Speech and Language Therapist Testing: | ☐ | Other (please specify): |

Do you have any reports from this testing? Yes ☐ No ☐

If yes, please attach these reports.
Are these reports attached? Yes ☐ No ☐

26. Have you ever been diagnosed with a neurodevelopmental or psychological condition/disorder (ADHD, ASD, Learning Disability, etc.)? Yes ☐ No ☐

If yes, what were you told, and by whom (please provide dates/details)?

Do you have any reports from this testing? Yes ☐ No ☐

If yes, please attach these reports.
Are these reports attached? Yes ☐ No ☐

27. Have you ever been prescribed medication for an attention deficit disorder (e.g. Ritalin)? Yes ☐ No ☐

If yes, please provide the name of the medication, as well as the dates and duration of use below:

Did the medication help with attention and concentration? Yes ☐ No ☐

What significant side effects did you have (e.g. loss of appetite, sleep disturbances)?

## MEDICAL HISTORY

**When completing this section, you will find it helpful to talk to family members and refer to your previous medical history. As it is very important that we obtain accurate information regarding past medical history as a young child, we strongly encourage you to discuss these questions with family members or someone who knew you well as a child.**

28. Are you right or left-handed? Right ☐ Left ☐

29. To the best of your knowledge, did your mother experience any problems during her pregnancy with you (e.g. accident, illness)? Yes ☐ No ☐

If yes, please explain below:

30. What did you weigh at birth? _____

31. Did you meet developmental milestones (e.g. learning to crawl/walk/talk) at the usual times? Yes ☐ No ☐

If no, please give specific details below:

32. As a child, did you ever experience anything other than the normal childhood illnesses (e.g. did you ever have seizures, very high fever for a long time, polio, etc.)? Yes ☐ No ☐

If yes, please give details below:

33. Have you ever had a head injury where you hit your head and lost consciousness? Yes ☐ No ☐

If yes, when and how?

34. a) Did you have many ear infections as a child? Yes ☐ No ☐

b) Did you have tubes inserted into your ears? Yes ☐ No ☐

35. Please list any medical conditions you currently have below:

36. If you are taking medication(s), please give the names, dosage, and reason for taking them below:

37. Currently, or in the past, have you had problems with the following:

| | | | |
|---|---|---|---|
| ☐ | Hearing | ☐ | Migraines |
| ☐ | Vision | ☐ | Drug Abuse |
| ☐ | Sleep | ☐ | Alcohol Abuse |

If yes, please describe below:

38. Have you ever experienced emotional or psychological difficulties (e.g. depression, anxiety)? Yes ☐ No ☐

If yes, please explain below:

Did you receive any treatment? Yes ☐ No ☐

If yes, please explain below:

39. Are you having any difficulties with stress, anxiety, depression, or other problems now? Yes ☐ No ☐

If yes, please explain below:

## FAMILY HISTORY

40. What language is spoken at home? 1st _____ 2nd _____

41. What country were you born in? _____

If you were born outside of Canada, at which age did you move to Canada? _____

What effect did this have on your learning (if any)?

**Please note: For questions #42–45, we are looking for information regarding your known, biological (blood related) family. If you are adopted/ do not know your biological family, please indicate this on the form below.**

42. Biological parents' occupation: Mother: _____ Father: _____

43. Biological parents' education: Mother: _____ Father: _____

44. Do you have any biological siblings? Yes ☐ No ☐ Unsure ☐

If yes, please indicate their age, and highest level of education below:

45. Has anyone in your biological family been diagnosed with a neurodevelopmental or psychological condition/disorder (ADHD, ASD, Learning Disability, etc.)? Yes ☐ No ☐ Unsure ☐

If yes, who was diagnosed, and with what condition/disorder?

46. How would you describe growing up in your family?

47. What are your relationships like with your family currently?

## SOCIAL FUNCTIONING

48. Do you find it easy to make friends? Yes ☐ No ☐

49. Do you find it easy to keep friends? Yes ☐ No ☐

50. Do you have people you can count on if you need help or assistance? Yes ☐ No ☐

51. Who do you currently live with?

| | | | |
|---|---|---|---|
| ☐ | Parents | ☐ | Partner / Spouse |
| ☐ | Friends | ☐ | Residence |
| ☐ | Other (please specify): | | |

## CAREER GOALS

52. Are you currently employed? Yes ☐ No ☐

If yes, please describe your job, including the number of hours you work per week:

53. Please list any other jobs you have had in the past, and how long you were employed for:

54. What is your career goal?

55. How committed are you to this career?:

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Somewhat | ☐ | Quite | ☐ | Extremely |

56. What are your alternate career goals, if any?

## NON-ACADEMIC STRENGTHS

Please discuss / list your non-academic strengths (e.g. social skills, sports, musical talent, artistic ability, etc.)

Please write a short story of at least one page on the topic of your choice. You may write about anything you wish (e.g. plans for the weekend, a memory, your favourite game), but you must **write it by hand**.

*Note: If you are completing this questionnaire on the computer, you can write the short story on any blank piece of paper, and submit it separately as a scanned document, or picture.*

# Retrospective Checklist

NOTE: Parent or other *adult* who knew you as a child must complete this

Person who completed this form: ☐ Mother ☐ Father ☐ Other (please specify): ☐

Please rate the following statements concerning your child with respect to him/her/them between ages 5-12.

| | |
|---|---|
| 0 = never<br>1 = very rarely (once or twice a year)<br>2 = occasionally (once a month) | 3 = often (once a week)<br>4 = almost always (more than once a week)<br>5 = daily |

| Behaviours to be rated | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| Failed to give close attention to details | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Made careless errors/mistakes in schoolwork, work or other activities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Had difficulty sustaining attention to work related task | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Had difficulty sustaining attention to play activities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Did not seem to listen to what was being said to him/her | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Did not follow through on instructions (e.g. was told to complete a task, but got sidetracked and forgot what he/she was to do) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Daydreamed, spent time thinking his/her own thoughts | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Failed to finish schoolwork, chores or duties in the home (not because he/she was being deliberately stubborn or oppositional) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Avoided or strongly disliked tasks (such as schoolwork or homework) that required sustained mental effort | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Lost items necessary for required tasks (e.g. school assignments, pencils, books, tools, toys) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Easily distracted from a task by external events, sounds, sights | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Forgetful in daily activities (e.g. forgot mittens or boots at school, forgot to wear mittens to school) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Fidgety and restless (hands or feet or squirmed) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Left seat (classroom, dinner table, etc.) where remaining seated was expected | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ran about or climbed excessively in situations where it was inappropriate (e.g. church, shopping centre, grandparents' house) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Complained of feeling very restless and unhappy with having to sit still | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Had difficulty playing quietly or engaging in quiet leisure activities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Talked excessively | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Acted as if driven by a motor; could not remain still | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Interrupted conversations or would intrude on the conversations of others | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Blurted out answers to questions before the question was finished | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Had difficulty taking turns and waiting | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Was abused or victimized | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# APPENDIX

## Obtaining Documentation/ Student Records

### Report Cards / High School Transcript / OSR

Your parents may have kept these documents in a safe place. If you are not able to obtain them from your family, it may be possible to obtain copies from your **Ontario Student Record (OSR)** (see below).

If you did not attend high school in Ontario, please make every effort to connect with your high school to obtain any documentation possible.

*What is the Ontario Student Record (OSR)?*

The OSR is the ongoing, confidential record of a student's educational progress through schools in Ontario. The collection of this information is authorized by the Education Act and the Freedom of Information and Privacy Act. An OSR is established for each student who enrolls in an elementary or secondary school that is operated by a public or separate school board in Ontario. School boards are responsible for ensuring compliance with the Ministry of Education and Training policies regarding OSR.

*Where is the OSR kept?*

A student's OSR is filed in the office of the last school they attended in Ontario (typically, the student's graduating high school). Report cards and other documentation from both elementary school and high school are retained in the OSR for 5 years after the student has graduated/ceases to be enrolled.

*Who has access to the OSR?*

All adult students (and the parents of students under the age of 18) have the right to examine the OSR, and to receive a copy of its contents if they desire.

*What does the OSR contain?*

An OSR consists of the following information:

- Elementary School / High School Report Cards
- A documentation file, if required, which might include such material as an educational or psychoeducational assessment report
- The Ontario Student Transcript, which is the cumulative record of a student's successful completion of secondary school courses
- Any additional information considered relevant for the improvement of instruction of the student

If any part of the documentation/file has been removed from the OSR, and stored in another location, the Principal must direct the parent or adult student requesting the report to the originator. In the case of a psychoeducational assessment report, it may be stored at the Psychological Services Department within that school board.

*Unofficial Summary of Academic Record (Post-Secondary Transcript)*

A copy of your Academic Record can be obtained from the Records Office at your institution. If you have not yet completed your first semester, you can obtain an unofficial summary of your Academic Record.