



## Successful Transitions from Elementary to Post-Secondary (STEPS)



Dear Parents/Guardians:

Thank you for your interest in the Successful Transition from Elementary to Post-Secondary (STEPS) program offered by the Regional Assessment and Resource Centre (RARC) at Queen's University. STEPS is a program for students with neurodevelopmental conditions affecting learning (including learning disabilities and ADHD). Applications to the STEPS program are assessed during the Grade 7 year, and programming commences in the fall of Grade 8 and continues until the student attends Grade 9.

Our experience of over 10 years running this program has taught us that by providing students, their parents, and teachers with a deeper understanding of the student's learning profile and challenges, it increases the chances of students succeeding in secondary school and beyond.

There is no cost for the intervention sessions. However, all students need a recent psychoeducational assessment to participate in this program. If you do not have a recent one, RARC will schedule one. The cost is \$2,000, and we offer flexible payment options over a 2-year period. Please see the attached Financial Contract form for full details.

To hear from former students and parents, click on [STEPS Testimonials](#).

**STEPS Virtual Information Zoom Sessions will run on:**  
Tuesday, November 19, 2024 at 6:30pm – 7:30pm; and  
Tuesday, January 14, 2025 at 6:30pm – 7:30pm

[Click here to access the Zoom Meeting Link](#)

Or join with Meeting ID: 975 5663 5697

Passcode: 617242

### **For students accepted into STEPS, the program provides:**

- An updated psychoeducational assessment
- Student intervention sessions focusing on self-advocacy and self-esteem
- Parent training sessions
- Summer high school transition program (includes assistive technology training)

### **Eligibility Requirements:**

- Must apply for the program during the fall/winter of their Grade 7 year
- Have impairments in academic achievement
- Be previously diagnosed with a relevant disability (e.g., a learning disability, ADHD), or have a history that strongly suggests a relevant disability
- Have average intellectual functioning, based on previous assessment findings

### **Acceptance in the STEPS Program:**

There are a limited number of spaces in the STEPS program each year. Applications will be screened and scored to determine acceptance into the program. Families will be notified of status by March 31, 2025.



## The Psychoeducational Assessment

Traditionally, each student who is accepted to the program will receive a psychoeducational assessment in Grade 7, unless they have had a comprehensive assessment in the past two years. Having an updated assessment is a critical part of this program, and incredibly valuable to starting Grade 9 with up-to-date learning and accommodation information in place for students. The detailed and comprehensive assessment consists of cognitive and academic testing by RARC practitioners.

### Participation in the assessment involves the following elements:

- Completion of a background questionnaire and writing sample
- Submission of relevant academic and clinical records
- Virtual intake interview and consent appointment (1-2 hours)
- Attendance of student at **2 in-person testing sessions of approximately 3 hours each**
- 1-hour virtual feedback meeting with the family

All testing sessions take place in-person during office hours. Following the testing and feedback meeting, parents will be given written reports which they may choose to share with the school. The cost of the psychoeducational assessment is \$2,000.

## STEPS Programming

Students and parents will participate in sessions during the Grade 8 year. The programming will be as follows:

**Fall 2025 & Spring 2026:** Students will participate in group intervention sessions with the focus on increasing self-esteem and self-advocacy skills. Parents will increase their knowledge around learning differences and develop specific strategies to support their child. Both fall and spring sessions will be held on Queen's main campus.

**Summer 2026:** Students will attend a one-week day camp to prepare for the transition to high school. This camp is typically run at a Kingston high school. During this camp, students will explore a variety of assistive technology, practice the rotary system, hear from current high school students, and celebrate their journey through the STEPS program.

## Interested in Applying to the STEPS Program

Please fill out the **Application Form, Background Information Questionnaire** and **Financial Contract** (if previous assessment is more than two years old), which can be found through pages 4 to 14, and return these to your child's Special Education teacher along with the **Teacher Contact Form** as soon as possible. We also need **all specialist assessment reports** (psychoeducational, occupational therapy, speech language, psychiatric, etc.), **report cards from each year**, and the **most current Individual Educational Plan**. With your permission, school personnel will copy the above documents and send them to RARC staff.

You can choose to send all of the above documentation directly rather than going through your child's school. Please refer to the Teacher Contract Form to see what additional documentation is required with your application package. Given the volume of applications, please ensure your package is complete before submitting it.



### Completed Application Packages – Methods of Delivery to RARC

- Email to [steps@queensu.ca](mailto:steps@queensu.ca) (for security and confidentiality, please password protect all files, or send securely through SecureDocs.ca)
- Fax to 613-533-6564
- In-person during RARC operating hours (Monday-Thursday between 9am to 12pm or 1pm to 4pm). **Please note our office will be closed for the holidays from December 23<sup>rd</sup> to January 3<sup>rd</sup> (inclusive).**

You can expect confirmation of receipt of packages within 10 business days. Please reach out if you have not received confirmation that we have received your package after 10 business days.

All families will be notified of their status by the end of March 2025.

Please contact me at [steps@queensu.ca](mailto:steps@queensu.ca) if you have any questions. If needed, a phone call can be arranged.

Sincerely,

*Gillian Goldsmith*

Gillian Goldsmith, OCT, B.Ed  
STEPS Program Coordinator, Regional Assessment and Resource Centre



# STEPS Application Form



This application form is to be completed by the parent or guardian.

## To be considered for the STEPS Program, the student must meet the following criteria below:

(Please select all that apply)

- Student has a diagnosis of a learning disability or ADHD, or history that suggests disability is present
- Student has impairments in academic achievement and requires accommodations
- Student has average intellectual functioning (based on previous assessment findings if testing completed)
- Student is currently in Grade 7

*If you selected all of the above, please proceed with the rest of the application. Complete applications include:*

- |   |   |
|---|---|
| <input type="checkbox"/> STEPS Application Form   | <input type="checkbox"/> Teacher Information Form                     |
| <input type="checkbox"/> Background Questionnaire | <input type="checkbox"/> IEP  |
| <input type="checkbox"/> Writing Sample           | <input type="checkbox"/> End of Year Report Cards from K to Grade 6   |
| <input type="checkbox"/> Financial Form           | <input type="checkbox"/> Psychoeducational Assessment (if applicable) |

Hard copies will be shredded after review of application unless indicated below to return to applicant.

- Yes, I would like hard copies to be returned to primary contact

Please return the completed application form to the Special Education teacher, for them to forward to the STEPS Coordinator. You can choose to send in the application package directly, if preferred. Please review the listed required documentation at the top of this form to ensure the application is complete.

Completed packages may be sent to us through the Secure Docs system to [steps@queensu.ca](mailto:steps@queensu.ca). If you would like to drop the package off in-person, please only do so during operating hours: Monday - Thursday between 9:00am-12pm or 1pm-4:00pm. If you deliver in-person, please do not leave outside the office doors. Packages must be handed over to a staff member at RARC directly. **Please note our office will be closed for the holidays from December 23<sup>rd</sup> to January 3<sup>rd</sup> (inclusive).** You may also wish to send them directly by fax to 613-533-6564. You can expect confirmation of receipt of packages within 10 business days. If you do not receive this, please contact the STEPS Coordinator at [steps@queensu.ca](mailto:steps@queensu.ca).

We will accept applications until February 28, 2025. Due to a limited number of spaces, not all students who meet eligibility requirements will be accepted into the program.

### CONSENT

I support my child's participation in the program for the 2024-2026 school years. I agree that copies of my child's IEP, report cards, and assessment reports may be copied from the Ontario Student Record (OSR) and provided to personnel at the Regional Assessment and Resource Centre at Queen's University.

Child's Full Name: \_\_\_\_\_

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

## Information About the Student

First and Last Name of Student: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

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

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

Is this child adopted?  Yes  No If yes, age at adoption? \_\_\_\_\_

## Information About Parent(s)/Guardian(s)

### Parent/Guardian 1 (Primary Contact)

First and Last Name of Parent/Guardian: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_  Cell  Home  Work

Home Address:

\_\_\_\_\_  
(House/Apartment Number and Street Name)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(Postal Code)

### Parent/Guardian 2

First and Last Name of Parent/Guardian: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_  Cell  Home  Work

Home Address:  *Same as above*

\_\_\_\_\_  
(House/Apartment Number and Street Name)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(Postal Code)

Child is Living With: \_\_\_\_\_

Status of Parent's Relationship:

Married (How Long? \_\_\_\_\_ years)

Divorced (Child's Age at Divorce \_\_\_\_\_)

Never Married

Single

Separated (Child's Age at Separation \_\_\_\_\_)

Widowed

Please indicate whether there are stepparents:

Stepparent Name: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

## Background Information Questionnaire

*The space provided for your answers to questions 1 through 28 is limited. If you require more space, please use the last page in this questionnaire to add additional details that you wish to include.*

1. Who is completing this form? What is your relationship to the student?
2. What problems or questions have caused you to seek help for your child at this time? What would you like to gain out of your child's participation in our program?
3. What interventions/strategies have you already used to address these problems? What was the outcome?

### Academic

4. Current teacher (if multiple, who knows the student the best):
5. Past schools attended:
6. Please describe any academic challenges experienced at school.
7. Please describe any behavioural or psychological difficulties experienced at school.

8. Has your child been previously assessed?

Yes     No

If yes, when and by whom?

**Medical/Developmental**

9. Were there any abnormalities in terms of pregnancy or delivery?

10. Were motor or language developmental milestones attained within normative expectations? If not, what delays were observed?

11. Has your child received occupational therapy, speech and/or language therapy, or physiotherapy? If yes, please indicate what they received treatments for and when.

12. Have any major injuries been sustained (including concussion)?  Yes     No  
Details (if yes):

13. Has your child experienced any major illnesses?  Yes     No  
Details (if yes):

14. Have there been any surgeries or hospitalizations?  Yes     No  
If yes, when and for what condition?

15. Are there any issues with vision or hearing?  Yes     No  
If yes, please explain:

16. Does your child take any regular medications? If so, what medications, at what dosages, and for what conditions? Please fill in the table below.

Medication	Dosage	Condition

17. Are there concerns regarding sleep or appetite?

**Family/Social**

18. Please indicate place of birth and primary language spoken within the home. Are there any other languages spoken within the home?

19. Family composition – who lives in the home? Please note the ages of any siblings. If applicable, what are the current custody and access arrangements?

20. Please list the current educational status (such as completed high school, completed a college diploma or university degree, completed graduate studies, etc.) and current job title for **biological** parents.

Parent	Educational Status	Current Job Title



21. Has anyone in the immediate family or extended family experienced learning challenges, attentional issues, mental health difficulties? If so, who and what difficulties have they experienced?

22. Please describe any social/interpersonal challenges experienced.

23. Please list any extracurricular activities.

### **Psychological/Behavioural**

24. 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: _____  |  |

25. Please describe any major family or parental stressors or event that may have impacted your child in the past or that may impact him or her now (please give details, include incidents you feel were traumatic for this particular child, though they might not have been for another child):

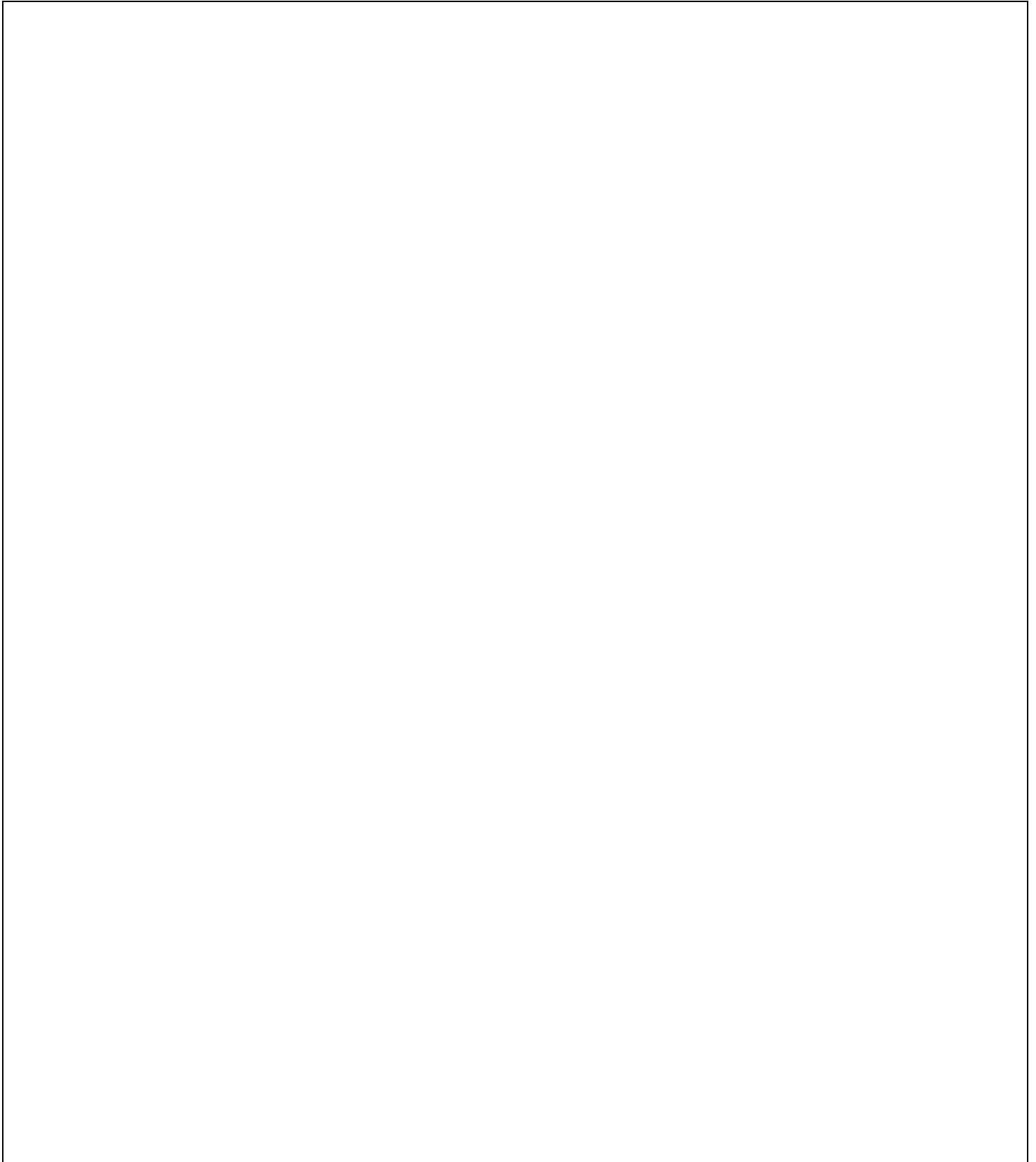
26. Please list any previous experiences with Psychologists, Psychiatrists, Social Workers, and/or Counselors:

Therapist Name	Dates of Treatment	Details

My child has never had any psychological therapy or counselling.

27. Please note any additional concerns or information that you feel is pertinent to know regarding your child that has not been covered in this questionnaire:

**Writing Sample.** Please have your child hand write a short story or 'essay' on a topic of their choice (i.e., favourite sport, video game, activity, etc.). They may write about anything, but it must be printed or written in cursive (i.e., not typed) on this page. Click on the box below to insert a picture/file of the sample.

A large, empty rectangular box with a thin black border, intended for a child to handwrite a short story or essay. The box occupies most of the page below the instructions.

**Additional Space**

Please use this space to add any comments or information for questions 1-28 as you need (if you did not have enough space with what was provided). Please indicate the question number(s) your comments are in relation to.



## STEPS Financial Contract

Students accepted into the STEPS program will be scheduled for a psychoeducational assessment. The cost of the assessment is \$2,000. If the student has a recent (2 years or less) assessment, this financial contract and the assessment are not required. If you are not sure if your student will need one, please contact the STEPS coordinator at [steps@queensu.ca](mailto:steps@queensu.ca).

**Do you have private insurance coverage that covers psychological services/assessments?**

*Once you have committed to a payment option and payment is received (post-dated cheques are acceptable), RARC will provide a detailed receipt for families to submit to their insurance company.*

Yes

No

### Payment Options

*Please note: Cheques are payable to Queen's University. RARC accepts Visa, Mastercard, and Debit. Upon request, e-transfer requests can be sent to the provided primary contact email.*

**Option # 1:**

Pay Full Fee (\$2,000)

RARC provides the option for you to pay the full fee in one lump sum.

I will pay the full fee by:           debit/credit           cheque           e-transfer

**Option # 2:**

Installment Plan (\$84 x 24 months)

RARC offers STEPS families the option to pay for the assessment over a 2-year period which can be paid by either debit/credit, cheque, and/or e-transfer.

\*If you wish to provide a down payment, monthly installments will be lowered accordingly.

**I understand and agree to the following terms and conditions:**

I will pay the full cost of the psychoeducational assessment as indicated above on this form (installment plan, or full fee). If an appointment needs to be rescheduled, 24 hours' notice will be provided prior to the scheduled appointment. If I do not provide 24 hours' notice, I am aware a fee of \$200 will be applied. Furthermore, if my child is late 30 minutes or more, a charge of \$50 per 30 minutes will be applied. These fees are in addition to the agreed upon assessment fee. If I withdraw from the STEPS program, I understand that I am still responsible and accountable for the remaining payments for my child's psychoeducational assessment.

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Teacher Information for STEPS Program

*To be completed by the resource teacher (or classroom teacher)*

Over the course of the STEPS program, we will very occasionally need to contact the classroom and/or resource teacher in order to provide updates about the status of this application and in order for teachers to complete short questionnaires as part of the student's psychoeducational assessment. Please include your preferred method of contact below:

Resource/Special Education Teacher: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Classroom Teacher: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

The following must be included along with this application form in order for this application to be processed.

- Application form and background information questionnaire completed by the student's parent(s)/guardian(s)
- Teacher information form completed by resource or classroom teacher
- Copies of the student's final/ end of year report card from each grade (from Kindergarten on)
- Copy of the student's most recent Individual Education Plan (IEP)
- Copies of all specialist reports (e.g., psychoeducational, speech-language, OT)

Please send the package to: STEPS Program  
RARC, Queen's University  
Mackintosh Corry Hall, Room B100  
68 University Avenue  
Kingston, ON K7L 3N6

Completed packages can be sent by fax, email, mail, or dropped off in person directly to a RARC employee. Electronic packages should be password protected and sent to [steps@queensu.ca](mailto:steps@queensu.ca) via the Secure Docs website. Packages can be dropped off in person to a RARC employee during work hours (Monday to Thursday, 9am-12pm or 1pm-4pm). Please note our office will be closed for the holidays from December 23<sup>rd</sup> to January 3<sup>rd</sup> (inclusive). Families can expect confirmation of receipt within 10 business days and should follow up accordingly.

We will accept applications until February 28, 2025. Please note, due to a limited number of spaces in the program, not all students that meet the eligibility requirements will be accepted into the program.

*For more information, contact the transition coordinator at [steps@queensu.ca](mailto:steps@queensu.ca).*