



1223 El Prado Avenue,
Torrance, CA 90501
Phone 310-320-5856
Fax 310-787-1768
Email info@autismmed.com
www.AutismEd.com

BOWLING BUDDIES SOCIAL SKILLS WORKSHOPS 2014/2015 APPLICATION

RAE is offering a focused and fun bowling league social skills workshop program for youth with challenging social deficits entering grades 6-12. Closely supervised, individualized, skill-building workshops take place at the AMF El Dorado Bowling Alley in Westchester, CA.

Groups will be made up of no more than 8 participants, with 1 adult assigned to a maximum of 2 participants. Our groups will include youth volunteers to serve as peer models for our participants.

Participants must submit an application at least two weeks prior to the first workshop session in which they begin attending. Space is limited. We will hold your child's position upon receipt of your completed application and full payment of the monthly workshop fee. All payments made to RAE are non-refundable. However, if the workshop is not available due to under-enrollment (i.e., less than 3 participants in a group), you will receive a full refund.

*Please make checks payable to **RAE**. Mail or fax completed application as soon as possible so that we can begin to create the best group for your child.*

WORKSHOP SCHEDULE

Starting August 23rd

3-hour workshop session every

SECOND and FOURTH Saturday of the month

12pm to 3pm

COST

\$150 per workshop session

(Bowling and lunch included)



Participant Information

Participant's Name: _____

Gender: M F

Date of Birth: _____ Current Age: _____ Grade in Fall 2014: _____

Current Diagnosis: _____

Current Interventions: (Speech therapy, occupational therapy, behavioral therapy...etc.)

Parent's Name: _____ Relationship: _____

Address: _____

Home Phone Number (H): _____ Cell Phone Number (C): _____

Work Phone Number (O): _____ Preferred Phone Number: H C O

E-mail Address: _____

Parent's Name: _____ Relationship: _____

Address: _____

Home Phone Number (H): _____ Cell Phone Number (C): _____

Work Phone Number (O): _____ Preferred Phone Number: H C O

E-mail Address: _____

Emergency Contact (other than parent): _____

Relationship: _____ Best Phone Number to Reach Him/Her: _____

Does your child have a behavior support plan or IEP? Yes No

In what type of school program does your child participate in?

General Education/Inclusion

Special Education (part of day)

Special Education (full day)

Private school

Has a 1:1 aide /paraeducator at school

Other: _____

In what other social activities has your child participated? Please provide approximate dates or length of time.

After-school program

Boy/Girl Scouts

Team Sports

Youth Group or other church group activities

Summer Camp

Other Social Skills group(s) _____

Please check all that apply:

Communication

- Verbally indicates his/her wants and needs
- Follows instructions without visual cues
- Articulation is understandable for most people
- Speaks in sentences
- Answers questions
- Participates in conversations

Socialization

- Prefers to be alone
- Observes other peers
- Follows and imitates peers
- Joins in activities with peers
- Responds to peers' requests
- Takes turns without assistance
- Looks at others when speaking/when being spoken to
- Verbally interacts with peers
- Expresses emotion (e.g., sad, happy, hurt)

Classroom/Group Skills

- Sits at group snack or lunch table for 30 minutes without disruptive behavior
- Transitions from one activity to another without disruptive behavior
- Attends to an adult or activity for up to 30 minutes
- Attends to an adult or activity for up to 60 minutes
- Completes classroom tasks independently

Challenging Behaviors (Please skip this section if your child is currently a client of RAE)

Please describe any problematic behavior(s). Antecedents refer to causes or precipitating events, instructions or situations.

Non-compliance: Yes No

Please describe non-compliance and settings it which it occurs: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Tantrums: Yes No

Please describe tantrums and settings in which they occur: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Aggression: Yes No

Please label and describe all aggressive behaviors, settings in which they occur, and name recipient of aggressive behaviors: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Running Away: Yes No

Please describe behavior and settings in which it occurs: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Repetitive Mannerisms: (such as hand flapping, finger flicking, gazing, lining up objects, hoarding objects, toe walking, running back and forth, repeating previously heard words out of context, etc.) Yes No

Please describe repetitive mannerisms: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Other behavior: Yes No

Please describe other behavior: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Please add any other information that would be helpful for us to know when assigning your child to the group that best meets his/her needs:

Social Skills Workshops Schedule

Please select desired workshop sessions:

- Saturday, August 23, 12pm-3
- Saturday, September 13, 12pm-3
- Saturday, September 27, 12pm-3
- Saturday, October 11, 12pm-3
- Saturday, October 25 12pm-3
- Saturday, November 8, 12pm-3
- Saturday, November 22, 12pm-3
- Saturday, December 13, 10am-2pm
- Saturday December 27: **NO SESSION THIS WEEK DUE TO HOLIDAYS**
- Saturday, January 10, 12pm-3
- Saturday, January 24, 12pm-3
- Saturday, February 14, 12pm-3
- Saturday, February 28, 12pm-3
- Saturday, March 14, 12pm-3
- Saturday, March 28, 12pm-3
- Saturday, April 11, 12pm-3
- Saturday, April 25, 12pm-3
- Saturday, May 9, 12pm-3
- Saturday, May 23, 12pm-3
- Saturday, June 13, 12pm-3
- Saturday, June 27, 12pm-3

*** RAE will offer a Bowling Buddies Social Skills Workshop Program during the summer months of July and August with increased workshop sessions. Please let us know if you are interested in securing your child's spot. Space is limited.**

How did you hear about us?

- Our Website
- Newspaper Advertisement
- Facebook
- Twitter
- Resource Fair
- Other: _____
- Referred by: _____

For more information about RAE and our programs, please visit us at our website www.AutismEd.com, our Facebook page or our Twitter feed.

Release and Hold Harmless Agreement/Authorization for Treatment of a Minor

In consideration of the participation in the Resources in Autism Education, Inc.'s 2014 Summer Fun Social Skills Workshops, I(we) understand and agree to the following:

_____, (Participant) is hereby given my consent to participate in organized activities in Resources in Autism Education, Inc.'s 2014 Summer Fun Social Skills Workshops.

Signature of Parent/Guardian

Date

The undersigned does hereby waive, release, acquit and forever discharge Resources in Autism Education, Inc. (RAE) and 2014 Summer Fun Social Skills Workshops, its officers and directors, collectively and individually, coaches, and adult supervision, and any and all persons directly or indirectly associated with RAE or 2014 Summer Fun Social Skills Workshops and each of them from any and all acts, causes of action, claims, demands, damages, costs or expenses on account of or which may in any way develop out of any and all known and unknown personal injuries or property damage which the participant may suffer during the course of or as a result of the participation in RAE's 2014 Summer Fun Social Skills Workshops including, but not limited to, indoor and outdoor activities, and travel to and from surrounding locations.

I hereby acknowledge that I am the parent and/or guardian of the above-mentioned minor. I give authorization to any properly licensed physician or surgeon to provide emergency medical care and/or treatment when necessary. Any expenditure for care and treatment is my responsibility.

Signature of Parent/Guardian

Date

Printed Name of the Parent or Guardian

Printed Name of Participant

Public Relations Consent Form

The purpose of this form is to give Resources in Autism Education, Inc. permission to use photographs and other likenesses of employees, volunteers, people served, and others who may grant permission for the promotion of the agency’s programs, its mission, and general community outreach. Public relations/marketing activities may include, but are not limited to, publication of photographs on the web site, in advertisements, in brochures, on flyers, on display boards, on television, or in video and slide presentations.

NAME _____

I(We), _____, being either of legal age to consent, or the legal parent(s), guardian(s), or conservator(s) of the above named individual who is a minor child or person unable to consent on his or her own behalf, give Resources in Autism Education, Inc. (RAE), its assigns, or successors, the right to use the above named individual’s name and any photograph, video, voice recording or any other likeness RAE has in any media form, now known and hereafter created, for the purpose of promoting RAE’s mission, products, services, or programs. RAE also has the right to substitute the above named individual’s voice if it is deemed proper by RAE.

Furthermore, I(We) agree that such items shall belong to RAE and remain free and clear of any claim whatsoever on my(our) part or the part of the above named individual.

I (We) understand that I(We) may terminate authorization at any time for any future photographs, video, voice recordings, or other likeness produced of the above named individual by delivering written notice to the Director of RAE. However, said termination shall not cover items previously authorized and already in production/use.

Signature of Consenting Adult/Parent/Guardian Date

Printed Name

Street Address

City State Zip