

CHATTER REGISTRATION AND CONSENT FORM

Child's Name: _____ Birthdate: _____

Sex: M F

Parent 1: _____ Daytime Phone: _____

Address: _____ Cell Phone: _____

E-mail: _____

Parent 2: _____ Daytime Phone: _____

Address: _____ Cell Phone: _____

E-mail: _____

FSCD Case Worker: _____ Case Worker's Phone: _____

Who will bring the child to the CHATTER Program?

- Birth Parents Foster Parents
 Adoptive Parents Grandparents

Other relatives:

Number of other children in the family: _____

List age and sex (M/F) of other children:

-
-
-
-
-
-
-

BACKGROUND

Has your child had an assessment by a multidisciplinary team? _____

If yes, what diagnosis did s/he receive? _____

Is your child aware of his/her diagnosis? _____

Child's current school and grade: _____

What type of classroom is s/he in (segregated, interactions etc)?

Does your child have an educational assistant assigned to him/her in the classroom?

Yes No

Is your child currently (or recently) under a physician's care? Yes No

If yes, why? _____

Please list any medications your child takes regularly: _____

Has your child had Specialized Services? Yes No

List your family's previous service provider: _____

SPEECH & LANGUAGE

Does your child use words to communicate: Yes No

Does your child use scripted phrases? Yes No

Does your child let people know his/her needs? Yes No

Does your child initiate interactions with same aged peers? Yes No

Does your child interact with others at recess? Yes No

What are your main concerns regarding your child's communication?

Has your child had services from a speech-language pathologist in the past? Yes No

What year? _____

What goals did the program target? _____

Has your child attended other group programs? _____

Which ones? _____

CURRENT ABILITIES

Does your child display any of the following behavioral characteristics?

- | | |
|--|--|
| <input type="checkbox"/> runs away/escapes | <input type="checkbox"/> restless |
| <input type="checkbox"/> wanders away | <input type="checkbox"/> poor eye contact |
| <input type="checkbox"/> is easily distracted/short attention | <input type="checkbox"/> is able to remain on task |
| <input type="checkbox"/> plays alone for reasonable length of time | <input type="checkbox"/> destructive/aggressive |
| <input type="checkbox"/> separation difficulties | <input type="checkbox"/> is rigid |
| <input type="checkbox"/> is easily frustrated/impulsive | |

Does your child have any food allergies/sensitivities? If so, please describe.

Are there any other concerns that would impact your child's participation in this program?

CHATTER Parent Agreement

I agree to the following:

1. The goals of the CHATTER plan will be communicated to me in the parent program. I agree to attend the parent program regularly, and implement the strategies and activities suggested by the speech-language pathologist. I accept that the plan and strategies are measurable and indicate improvements and/or prevent regression of skills in a reasonable and predictable period of time. If some goals are not achieved, the family and clinicians agree to meet together to discuss the indicators, review goals and strategies and determine what needs to occur or change in order for the child to make progress.
2. Parents will develop positive relationships within the CHATTER group leaders and acknowledge that this will contribute to the child's learning and skill development.
3. The therapists and volunteers in the program are not responsible for behavior management. As a parent I will actively manage my child's behaviors if required by attending the CHATTER program with my child and staying in the room. Parents will also address unique needs that are specific to their child (i.e set up of AAC equipment, supporting sensory needs, supervising physical motor needs, etc.).
4. The team commits to ongoing communication and acknowledges that program information must be shared among all group leaders, FSCD workers and that all reports are retained by the family, Khan Communication Services, Inc. and Family Support for Disabilities.
5. Group leaders take photos and videos during CHATTER sessions and review them to prepare for subsequent sessions. Photos and videos are taken regularly in the CHATTER lessons and used for program planning and for making visuals of the participants and family members for retelling exercises in the group program. I agree to photos and videos for programming purposes. I understand that occasionally a photo may be desirable for social media or promotions. In these cases separate consents will be requested from individual families.
6. Parents agree to sign parent verification forms for all sessions of the group program. The family will provide a copy of their FSCD agreement to Khan Communication Services Inc. and invoices will be processed in accordance

with hours approved in the contract. The family is responsible for payments for services that are not funded by FSCD.

- 7. Parents are responsible for the cost of any leisure activities in the recreation Centre.

Parent/Guardian:

(Please print name)

(Signature)

(Date)

Witness:

(Please print name)

(Signature)

(Date)