Start Strong Post-Secondary Prep Pre-Screening Form

Name of candidate:	Home Address:			
Date of Birth:				
Gender:	Home phone:			
🗌 Male 🗌 Female 🗌 Other	Cell phone:			
Email:	Alternate contact information:			
1. Are you eligible for Community Living disABILITY Services?			🗌 No	
2. How did you learn about the Start Strong p	rogram?			
Social Media Through a friend or family member				
MarketAbilities	Other			
School/College/University Counselle	or			
3. Do you have a confirmed diagnosis of Autism Spectrum Disorder?		🗌 Yes	🗌 No	
3.1. Date of diagnosis:				
3.2. Name of diagnosing clinician:				
3.3. What is your understanding of your diagnosis?				
 Do you have any serious mental health cor employability? 	ncerns that could interfere with	🗌 Yes	🗌 No	
If "yes" please describe:				
6.1 Do you take any medications for the abo	ove mental health problems?	Yes	□ No	
6.2 Are you connected to a mental health set				
If "yes", who/where:				

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7. Do you have access to transportation to get to and from training sessions?	🗌 Yes	🗌 No
Comments:		
Behaviour Screen		
6. Do you have any behaviour that could interfere with social situations? (ie. Aggression, unexpected verbalizations, self-injurious behaviours, sexually inappropriate comments/behaviours, etc.)	🗌 Yes	🗌 No
If "yes", please describe:		
7. Are you able to independently attend to your hygiene and toileting needs?	Yes	🗌 No
Comments:		
8. Can you write/type?	🗌 Yes	🗌 No
If "yes", please describe your writing Single Words Sentences	Paragra	aph-Length
a. Do you use these writing skills on a daily basis?	🗌 Yes	🗌 No
9. Are you able to work independently on activities, including homework with minimal supervision and stay on task for a set period of time?	🗌 Yes	🗌 No

Socio – Emotional Screen				
10. Can you tolerate a group learning environment? (ie. Noise, visual stimulation, multiple conversations)	🗌 Yes	🗌 No		
Comments:				
 Are you able to sit through 3 hour training sessions (this includes breaks) 	🗌 Yes	🗌 No		
Note in your comments: Can you focus on a task that may not be of interest; can you complete simple tasks when asked; do you require prompting?				
Comments:				
Organizational Skills				
 Can you use the telephone? (i.e. Can independently make and receive phone calls without undue anxiety?) 	🗌 Yes	🗌 No		
2. Can you use a computer?	🗌 Yes	🗌 No		
3. Can you use email, spell check, Microsoft Word, etc?	Yes	🗌 No		
4. Do you have access the Internet?	🗌 Yes	🗌 No		
If "yes", are there any supervision concerns we should be aware of when you access the Internet?				