

Group Therapy Program Intake Form



Overview

The Secret Agent Society (SAS) small group program is a specialised and award winning group therapy for empowering children aged 8 to 12 years who have identified social and emotional challenges.

The program has several components, including an initial pre-program interview, a parent information session, weekly group therapy sessions, weekly parent training sessions, and daily mission tasks. Each participant will be provided with a specialised kit that contains all the resources they need to complete the program.

Please Note:

Completing this form does not automatically enrol your child into the SAS program.

There are 2 stages for establishing eligibility:

Stage 1 – an intake checklist and registration form;

Stage 2 – a pre-program interview.

If eligible, enrolment will be confirmed once these stages are completed.

Stage 1:

Please complete the following eligibility checklist – If you are unable to answer “Yes” to any questions, please speak to our programs coordinator to discuss your options. Please email intake@ays.com.au

Is your child aged between 8 and 12 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child attend a mainstream school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child able to independently follow written course work and independently complete book work tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child experience difficulties socialising with others and/or expressing emotions in appropriate ways?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child willing to participate in group activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can your child actively participate in a 1 adult to 3 child ratio, and not pose a risk to the safety or learning outcomes of themselves or others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have access to a PC or Laptop and printer at home? Unfortunately, the program cannot be completed on mobile devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there at least one parent or caregiver who is able to commit to a 30-minute parent training session for each week of the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there at least one parent or caregiver who is able to commit to supporting your child through the program, including 15 minutes a day of homework?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
It is recommended that if parents are facing significant stressors in their own lives that it is best to postpone the program to a time when they have more capacity to engage with the program		
Are you comfortable with using Rewards with your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This does not have to be purchased items. Ideas include screen time vouchers or special activities that may motivate your child		
Are you willing to cease individual therapy for the duration of the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SAS best practice recommends that participants do not attend individual therapy and focus specifically on the program and its content		
Does your child have the required funds in his/her plan to cover the costs of the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered “NO” to any of the above questions, the SAS program is currently not suitable for your child. You are welcome to submit another referral in the future if circumstances have changed and all of the above criteria can be met.

Please select your preferred session time for enrolment:

Weekday sessions
4.00pm – 6.00pm

☐

Saturday sessions
9.30am – 11.30am

☐

At AYSS we aim to group our participants with peers of similar age and maturity to ensure that they get the most out of the program. Even if your child is deemed to be eligible for the SAS program, there may be a possibility that they may have to wait for a more suitable group of peers.

Session days will be subject to change and will be announced before the start of each term.

The program is designed to be delivered over the course of 10 weeks.

Parents are expected to attend the last 30 mins of each weekly session for parent training.

Participant Details:

First Name		Surname	
Preferred Name		NDIS Number	
Plan Start Date		Plan End Date	
Type of plan claim	<input type="checkbox"/> NDIS claim <input type="checkbox"/> Plan managed <input type="checkbox"/> Self Managed	Plan Management Agency (if applicable)	

Address			
D.O.B.		Age (in years)	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not specified

Goals from NDIS Plan	

Parent / Guardian Name	
Relationship to participant	
Phone	
Email	
Mobile	

Support Coordinator Name (if applicable)	
Organisation	
Email	
Mobile	

Who does your child live with?	<input type="checkbox"/> Both biological <input type="checkbox"/> Mother and step father <input type="checkbox"/> Early adoptive parents <input type="checkbox"/> Other _____	Single Parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Father and Step mother <input type="checkbox"/> Equal time with separated / divorced parents	
	Apart from you, is there another caregiver who will be participating in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name			
Relationship to participant			

Participant's School			
Contact Number			
Grade/Year Level			
Child's Teacher			
Does your child receive any special assistance at school	<input type="checkbox"/> Yes Describe:	<input type="checkbox"/> No	

Country of birth			Does your child identify as Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No
Is English your child's first language <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please indicate how well your child speaks and understands English <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Reasonably Well <input type="checkbox"/> Poorly <input type="checkbox"/> Very Poorly	
Cultural needs			

What is your child's diagnosis?		
Has your child had an IQ test in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what was the FSIQ score? Please provide a copy of the results/reports to the facilitator		

Does your child have any medical conditions, allergies or health concerns	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe:		
Does this condition require a management plan: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy to the facilitator		
Does this condition require emergency medication: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		

Does your child take any medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please list all medications and what each medication is for		
What is the medication for?		
<p><i>If your child is on any stimulant medication, such as Ritalin, we strongly encourage that the child is medicated before attending the SAS sessions to ensure their attention and focus is at an optimal level.</i></p>		

Please describe your child's overall behaviour, including any potential areas of concern

Has your child received previous support or therapy for managing his/her emotions or for social skills development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe what this involved (i.e. individual speech therapy, social skills groups etc)		
Is your child currently receiving support or therapy for managing his/her emotions or for social skills development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe what this involved (i.e. zones of regulation, superflex program, etc.)		

What are your child's strengths, interests, hobbies or motivating activities?

What are your child's fears, dislikes, or aversions?

Has your child been diagnosed with any mental health conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, include diagnosis, when diagnosis was made and by whom		

Please list the three difficulties of most concern for your child (i.e. bullying, making friends, anger management, inflexibility, coping with change, etc.)

1.

2.

3.

Please list the three main goals for your child during participation in the SAS program:

1.

2.

3.

Please list any other relevant information that the facilitators might find useful:

CONSENT:

Personal information is collected by Access Your Supports and used and stored in accordance with our obligations under relevant privacy legislation and the Australian Privacy Principles, and may include making disclosures that are necessary to deliver high standard and effective services to you and to monitor and evaluate the quality of those services. Additionally, de-identified information may be used for the purposes of program evaluation and reporting to funding bodies.

I understand that within legal limitations and Access Your Supports ethical guidelines and policies my work with the organisation is confidential.

I understand and consent for the worker:

- To consult with his/her colleagues within Access Your Supports if required.
- I/we understand that my information is collected and stored in a file and that Access Your Supports collects non-identifying data for the purposes of reporting to funding bodies and gathering statistical information.
- I/we give consent for my worker to contact the following services in order to provide the best possible service;

Parent Signature	
Parent Name	
Date	

Please send through enrolments for SAS Programs to intake@ayss.com.au.

This intake MUST be accompanied with a copy of the participant's current plan and the signed service agreement at the end of the document. If a plan is not provided or the service agreement not completed the intake form WILL NOT BE ACCEPTED.

Once the intake form is received you will be contacted to arrange an appointment for the pre-program interview. This interview takes approximately 2 hours and requires both parent and child to attend. This interview is included in the pricing in the service agreement at the end of the document. If you fail to attend the interview without notification the fee for the 2 hours will be claimed from your child's plan in accordance with NDIS policies.

If your child is deemed ineligible for the program after attending the pre-program interview, only the fee for the interview will be claimed. Once this has been claimed the service agreement will be cancelled.

If your child is eligible but unable to attend the current Term program they will be placed at the top of the list for the same session day in the following Term.