

# RISE for Autism “Teen Night” Application



July 25, 2019

Dear Parents and Caregivers:

We are so excited to offer structured social groups through our “Teen Night” program. Teen Nights are held monthly in which small groups of teenagers aged 13-19 with Autism Spectrum Disorder (ASD) enjoy a social gathering and activities with teenage peers. The 8 sessions occur once a month from 7-9pm on the dates outlined below. We will be welcoming a small group of teens (maximum of 15) with ASD into the group and are thrilled that your child is interested. Please be advised that all applicants undergo a screening process. Once the 15 applicants are selected, remaining eligible applicants will be placed on a waitlist.

### Rates for Group Sessions 2019-20

- Single Session Trial (One-Time Fee, 9/20 only)      \$15.00
  - Remaining 7 Sessions      \$90.00
- Pre-Pay for full 8 sessions (One-Time Fee)      \$100.00

**Anticipated Sessions:** Eight sessions (1 Friday per month) where each session runs from 7-9pm. *(Please note- these dates are subject to change. A makeup session on 5/15/20 will be held if a session is cancelled for inclement weather/other reasons).*

Sept. 20	Nov. 15	Jan. 24	Mar. 20
Oct. 18	Dec. 20	Feb. 14	Apr. 17

This program was carefully designed to maximize participation and engagement while maintaining motivation and giving participants a unique opportunity to work alongside typically developing peers. Enclosed is an application and social contract we will need completed and returned by the application due date.

Looking forward to a great “Teen Night” experience!

Sincerely,

*Casie Jahnigen*

**Casie Jahnigen M.S.**, Program Coordinator and On-Site Supervisor

**Devin Blackwell**, Group Leader

**Tina Brown**, Group Leader

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**APPLICATION DEADLINE: August 23, 2019**

Completed applications can be mailed to RISE for Autism or emailed to [cjahnigen@riseforautism.org](mailto:cjahnigen@riseforautism.org) by the deadline listed above.

## PERSONAL INFORMATION

<b>Participant's Name:</b>			
DOB:	Grade:	Age:	Gender:
Address:	City:	State:	Zip:

## PARENT/LEGAL GUARDIAN INFORMATION

<b>Parent #1 Name:</b>		Relationship:	
Address:	City:	State:	Zip:
E-mail:	Home#:	Cell#:	
<b>Parent #2 Name:</b>		Relationship:	
Address:	City:	State:	Zip:
E-mail:	Home#:	Cell#:	
<b>Please indicate the primary contact person</b>		<input type="checkbox"/> Parent#1	<input type="checkbox"/> Parent#2 <input type="checkbox"/> Both

<b>Physician's Name:</b>	Phone#:
<b>Current Medications:</b>	
<b>Allergies:</b>	
<b>Food Restrictions:</b>	
<b>Seizures (yes/no):</b>	
<b>Other:</b>	
<p><b>In case of emergency, I understand that RISE for Autism employees will follow standard 911 protocol and have my child taken to the nearest hospital. Every effort will be made to contact the person(s) listed above.</b></p> <p><b>Signature of Parent/Guardian:</b> _____ <b>Date:</b> _____</p>	

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Participant Name: \_\_\_\_\_

*Please help us get to know your child by providing the following information.*

## PERSONAL INFORMATION

Is your child between the ages of 13-19?  Yes  No

Does your child receive services under the MD Autism Waiver?  Yes  No

## SCHOOL INFORMATION

What kind of school does your child attend? \_\_\_\_\_

Public  Home School  Private

Does your child have an Individual Education Plan? (IEP)  Yes  No

What type of classroom is your child in?

Mainstream  Inclusion  Self-contained  Other: \_\_\_\_\_

Does your child have a 1:1 classroom assistant?  Yes  No

Has your child had experience (past or present) with any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Visual Schedules  | <input type="checkbox"/> Headphones           |
| <input type="checkbox"/> First/Then Boards | <input type="checkbox"/> Relaxation Protocols |
| <input type="checkbox"/> Social Stories    | <input type="checkbox"/> Weighted Materials   |
| <input type="checkbox"/> Work Systems      |   |
| <input type="checkbox"/> Other: _____      |   |

# RISE for Autism

## “Teen Night” Application

### PREFERENCES

What are your child’s favorite activities or interests? (movies, characters, food, games, music, etc)

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Does your child have any specific dislikes? (sounds, smells, touch, movement, food, etc)

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### SOCIAL EMOTIONAL (please check all that apply to your child)

#### My child has difficulty:

- Engaging in play or leisure activities with peers
- Taking turns/sharing
- Maintaining personal space of self/others
- Engaging in activities that are not highly preferred
- Recognizing how his/her behavior affects others
- Identifying problems/conflict
- Identifying solutions and potential consequences to problems/conflict
- Recognizing his/her own emotions
- Recognizing others emotions
- Utilizing appropriate coping strategies when upset

### COMMUNICATION LEVEL (please check all that apply to your child)

#### My child:

- Is verbal
- Uses an augmentative communication system/device (please specify): \_\_\_\_\_
- Makes requests for his/her basic wants and needs
- Follows verbal/nonverbal directions
- Utilizes visual supports to follow directions
- Indicates his/her likes and dislikes

# RISE for Autism

## “Teen Night” Application

**CHALLENGING BEHAVIORS** (check all that apply to your child and describe as needed)

**My child may:**

- Run away
- Act aggressively towards self/others:
- Inappropriately touch self/others
- Is self-injurious: \_\_\_\_\_
- Other: \_\_\_\_\_
- Be non-compliant
- Shut down/withdraw

**SENSORY** (please check all that apply to your child)

**My child:**

- Avoids or seeks touch from others (please circle which)
- Avoids or seeks messy play such as playdoh, glue and paint (please circle which)
- Plays rough in play/leisure activities
- Avoids participation in sports or active games
- Craves or avoids movement (please circle which)
- Seems to be in constant motion (loves spinning, swinging, being upside down)
- Cannot process or tolerate extremes of intensity such as color, light etc.
- Is over or under sensitive to sounds (please circle which)
- Eats non-edible items
- Dislikes strong smells/tastes

**ACTIVITIES OF DAILY LIVING (ADLS)** (please check all that apply to your child)

**My child is NOT yet independent in the following areas:**

- Eating
- Toileting

# RISE for Autism “Teen Night” Application

## Agreement for Attendance and Payment

### Authorization for Payment

RISE for Autism provides the Teen Night Program through an established fee structure. **The fee is \$100 for all 8 sessions (with the option to attend a trial session on 9/20 for an initial fee of \$15 and the remainder of the sessions for \$90).** This fee includes materials, snacks, activities, etc.

**PLEASE NOTE: Payment will be due at the first session (9/202019).**

### Cancellations and/or Poor Attendance (Compliance with Treatment)

Participation in groups is a critical component of the success of this program. We understand children get sick and life happens, however, after two absences without prior notification, program participation will be reviewed. Our program sustainability relies heavily on attendance.

**Cancellations must be made within 24 hours prior to a scheduled group.** To report an absence, please call the office at 410-487-6011 or email [cjahnigen@riseforautism.org](mailto:cjahnigen@riseforautism.org) with the child’s name and date of session.

### Application Process

Parents/Caregivers must complete a full group application each year. Returning applicants are not guaranteed placement. All applicants undergo a multiple-step screening process.

### Placement

Our program coordinators base placement decisions on a variety of factors including age, individual needs, abilities and interests. You will be contacted about your child’s placement in group prior to the start of the session. Whenever possible, we will try to accommodate your group preferences.

*I understand the above policies and procedures of the “Teen Night” Program*

**Signature of parent/guardian:**

**Date:**

**Printed name of parent/guardian:**

**Date:**

**Signature of teen (if 18+):**

**Date:**

## Teen Night Participant Consent Form

### CONSENT FORM (Participants under the age of 18)

I give my consent for my child, \_\_\_\_\_, to participate in “**RISE Teen Nights**”, a structured social group with typically developing peers. I acknowledge that my child is here voluntarily and that I may terminate participation at any time. The group will cover a range of social skills topics including identification and management of feelings, turn taking, sportsmanship, recalling events, perspective taking, joining and participating in groups, and more. By signing this form, you give your informed consent for your child to participate in this monthly structured group (for a total of 8 sessions).

The undersigned assume(s) all risk of injury or harm to the participant associated with participation in the Teen Night Program and agree(s) to releases, indemnify, defend and forever discharge RISE for Autism and its staff and volunteers from all liability, claims, demands, damages, costs, expenses, actions and causes of in respect of death, injury, loss or damage to the participant or by the participant, howsoever caused, arising or to arise by reason of or during the participants, participation in the Teen Night Program.

I further consent for my child to be photographed during teen night sessions and these photographs may be used in print, web, and social media marketing. No identifying information regarding name, age, or diagnosis will ever accompany photographs. Yes \_\_\_\_\_ (Initial) No \_\_\_\_\_ (Initial)

**I have read, understand and agree with the paragraphs above.**

Printed Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENT FORM (Participants over the age of 18)

I, \_\_\_\_\_ give my consent to participate in “**RISE Teen Nights**”, a structured social group with typically developing peers. I acknowledge that I am here voluntarily and that I may terminate participation at any time. The group will cover a range of social skills topics including identification and management of feelings, turn taking, sportsmanship, recalling events, perspective taking, joining and participating in groups, and more. By signing this form, I give my informed consent to participate in this monthly structured group (for a total of 8 sessions).

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I further consent for my child to be photographed during teen night sessions and these photographs may be used in print, web, and social media marketing. No identifying information regarding name, age, or diagnosis will ever accompany photographs. Yes \_\_\_\_\_ (Initial) No \_\_\_\_\_ (Initial)

**I have read, understand and agree with the paragraphs above.**

Printed Name: \_\_\_\_\_ Signature of Participant : \_\_\_\_\_ Date: \_\_\_\_\_



## Teen Night Social Contract

*In order to make sure our “Teen Nights” are the best they can be, we need each teen to read, or listen to, the rules and agree to them by signing below. Any behavior that is unsafe to self, others, or the RISE for Autism property or staff will be handled on a case-by-case basis but may include exclusion from future groups.*

- I will pay attention to the Group Leaders, Group Assistants, Peer Leaders, and others in my group the best I can.
- I will keep my hands to myself, including all body parts (hands, feet, mouth, etc.) unless it is part of a game or activity (e.g. high-fiving or fist bumping).
- I will respect the property and materials at RISE for Autism Center.
- I will use words or my communication system when I am feeling angry, frustrated, sad, etc. in place of whining, crying, tattling, yelling, or physically touching others.
- I will only use kind words and language. I will not curse or use insults.
- I will avoid behaviors that are aggressive, destructive, or dangerous.
- I will participate in all the games and activities to the best of my ability.
- I will treat others in the group as I would want to be treated.

Teen Night Participant Name: \_\_\_\_\_

Teen Night Participant Signature: \_\_\_\_\_

Guardian of Participant Signature: \_\_\_\_\_