



SOCIAL SKILLS GROUP—WINTER 2018

Exceptional Minds Adaptive Learning Services Inc. is pleased to offer our SOCIAL SKILLS program in an enjoyable and interactive environment for children and adolescents between the ages of **10–12**. The group size will be kept at a 1:4 ratio. These small group sessions will enable students to interact and learn new skills within a group of appropriately matched peers.

Children must be able to engage in a 2-way conversation and work independently in a group environment to attend this program.

Social Skills curriculum: *Superflex®: A Superhero Social Thinking Curriculum*
by Michelle Garcia Winner

Social Skills include:

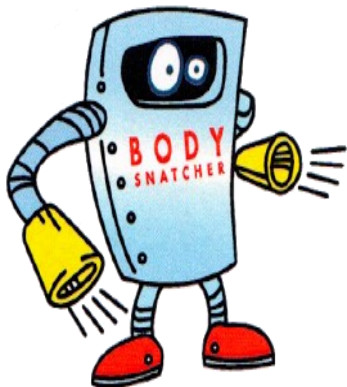
- ◆ **SOCIAL THINKING**—learn how social information is part of the brain and how to modify our behaviours using Superflexible strategies to increase self-monitoring and self-awareness skills
- ◆ **PERSPECTIVE TAKING**—thinking about others (someone else's point of view) and expected behaviours
- ◆ **FLEXIBILITY**—understand more about their own flexible and not-so-flexible thinking, socially and behaviourally
- ◆ **SOCIAL SMARTS**—when to use social smarts by increasing awareness of their own thoughts and behaviours



Skills are taught through video-modeling, discussion, scripted role-playing and engagement through facilitated games and activities. Take home assignments of the skills that were taught during each session will be provided to families to give them an opportunity to practice and maintain the skills throughout the week.

Our Social Skills Program is a **9-week** program, starting **January 10th, 2018** and will be held on Wednesdays at Exceptional Minds Learning Academy:

2420 Meadowpine Blvd, Unit 104, Mississauga



For additional information please refer to our website at
www.exceptionalminds.ca



2420 Meadowpine Blvd, Unit 104, Mississauga, ON L5N 6S2 ph. (416) 360-5959

SOCIAL SKILLS REGISTRATION FORM

CLIENT INFORMATION

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade: _____ Gender: M _____ F _____

Diagnosis: _____ Provided by: _____

Medications: _____ Allergies: _____

Use an Epi-Pen: Yes _____ (we require 1 pen)

Health Card No. _____

Special diet: _____

IN CASE OF EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Consent Statement: I have provided Exceptional Minds Adaptive Learning Services Inc. with all necessary medical information for my child and can be reached at the number(s) listed above. I authorize staff to administer first aid to my child in an emergency as deemed appropriate by the attending physician(s).

Consent Form: I agree that as a participant my child: _____ will participate in a variety of activities. I agree that the choice to participate brings with it the assumptions of those risks and results which are part of these activities. I agree that Exceptional Minds Adaptive Learning Services Inc. shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from my child's participation in these activities.

Name: _____ Date: _____ Signature: _____

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CLIENT INFORMATION

Father's Name: _____ Mother's Name: _____

Address: _____ Address: (if different) _____

Home Phone: _____ Home Phone: (if different) _____

Father's email: _____ Mother's email: _____

Language(s) in the home: _____

Siblings: _____ Others in the home: _____

Behavioural Concerns:

Aggressive to peers _____ Rejected by peers _____
No one seeks him/her out at school _____ Trouble understanding social cues _____
No play dates _____ Classroom behavioural problems _____
No friends at school _____ Teased _____
Socially awkward _____ infrequent play dates (<2/month) _____

Play date quality

Generally harmonious ____ Occasional disagreements ____ Bossy/frequent disagreements ____

Play skills and interests

Knows how to play basic board games _____ Knows how to play at school recess games _____
Knows how to play team sports _____ Knows how to play video/electronic games _____
Wants to have friends _____

Is your child able to have a 2-way conversation with family members/peers? Yes ____ No ____

Is your child in a special class of any kind? Yes ____ No ____

Which games/activities does your child enjoy playing? _____

Additional Comments _____

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Social Skills Program Schedule and Fees

Fee: \$495.00 for Winter Session (*SSAH funding can be used for this service)

Registration Deadline is January 3, 2018

Session Dates:	Jan 10	Jan 17	Jan 24	Jan 31	Feb 7	Feb 14	Feb 21	Feb 28	Mar 7
10-12 years	4:30pm - 6:30 pm	4:30pm - 6:30 pm	4:30pm - 6:30 pm	4:30pm - 6:30 pm	4:30pm - 6:30 pm	4:30pm - 6:30 pm	4:30pm - 6:30 pm	4:30pm - 6:30 pm	4:30pm - 6:30 pm

LIMITED SPACE AVAILABLE!

Programs are offered once per week on Saturdays. Fees cannot be refunded due to absence or missed sessions. **Payment and registration is due January 3, 2018.** Fees may be claimed under the Children’s Activity Tax Credit and/or other funding sources such as Special Services At Home (SSAH).

Cancellation Policy: Program fee is 100% refundable, provided that cancellation is received no later than one week prior to the first session. If cancellations are made less than 1 week prior to the first session, 90% of the program fee is refundable (to cover admin fees).

Late Fees: A late fee of \$10/student for every 15 minutes will apply for late pick up.

Total Amount for Program \$ _____

CASH CHEQUE
 CREDIT CARD Name on Card _____

Card # _____

Expiry Date _____ 3-Digit Security Code _____

Name: _____ Date: _____ Signature: _____

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SOCIAL SKILLS REGISTRATION FORM

Parent Information

Social Skills Program Times

Program runs Saturdays only (check schedule for your child's time). Please ensure your child arrives promptly to avoid disruption.

Late Fees

A late fee of \$10/student for every 15 minutes will apply for late pick up.

Items not to Bring

Jewelry, electronic games, cell phones, iPods. If any of these items are brought against our advice and lost or damaged, our agency will **not** be responsible for reimbursement.

Snacks

Exceptional Minds Learning Academy is a nut-free environment. If you bring snacks, please ensure to send in properly stored containers.

Registration

Return completed registration form and payment by **January 3, 2018** by mail or dropped off during business hours to our centre.

Cheques are payable to: **Exceptional Minds Adaptive Learning Services Inc.** and can be mailed or dropped off to our head office at:

6685 Millcreek Drive, Unit 1, Mississauga, ON L5N 5B5

***Registration in advance is recommended as spaces are limited. Secure your child's space to avoid disappointment.**

For additional information regarding our programs, please visit: www.exceptionalminds.ca