



## SOCIAL SKILLS GROUP – WINTER 2019

Exceptional Minds Adaptive Learning Services Inc. is pleased to offer our SOCIAL SKILLS program in an enjoyable and interactive environment for children between the ages of **7–9**. 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: *You are a Social Detective: Explaining Social Thinking to Kids*  
by Michelle Garcia Winner

Social Skills include:

- ◆ **BEING A SOCIAL DETECTIVE**— using our eyes, ears, and brains to figure out what others are planning to do next and what they mean by their words and actions
- ◆ **SOCIAL THINKING**—learning social thinking vocabulary and practicing these skills, such as body in the group, brain in the group, and thinking with your eyes
- ◆ **EXPECTED AND UNEXPECTED BEHAVIOURS**—teaching awareness in social situations and expectations people have within those situations
- ◆ **SOCIAL SMARTS**—understanding that other people have thoughts about us and we have thoughts about them

Skills are taught through comics, discussion, scripted role-playing and engagement through facilitated games and activities. Take home assignments of the skills that are 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 **10-week** group program held on Saturdays at Exceptional Minds Learning Academy located at:

**2430 Meadowpine Blvd, Unit 106 Mississauga**

For additional information please refer to our website  
[www.exceptionalminds.ca](http://www.exceptionalminds.ca)



2430 Meadowpine Blvd, Unit 106, 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: Yes \_\_\_\_\_ No \_\_\_\_\_

Use an Epi-Pen: Yes \_\_\_\_\_ (we require 1 pen) No \_\_\_\_\_

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

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Language(s) spoken in the home: \_\_\_\_\_

Siblings: \_\_\_\_\_ Others in the home: \_\_\_\_\_

Concerns:

Aggressive to peers _____	Rejected by peers _____
Initiates interactions with peers _____	Trouble understanding social cues _____
Makes friends at school _____	Classroom behavioural problems _____
Infrequent play dates (<2/month) _____	Teased _____

Play date quality :

Generally harmonious \_\_\_\_ Occasional disagreements \_\_\_\_ Bossy/frequent disagreements \_\_\_\_

Additional Comments:

\_\_\_\_\_

Interests and skills:

Favourite toys/games \_\_\_\_\_

Dislikes \_\_\_\_\_

Communication (1 word sentences, 3 word sentences, PECS, etc.): \_\_\_\_\_

\_\_\_\_\_

Is your child able to answer open-ended questions? Yes \_\_\_\_ No \_\_\_\_

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

What are your main goals for your child?

\_\_\_\_\_

\_\_\_\_\_

Additional Comments

\_\_\_\_\_

\_\_\_\_\_

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**Social Skills Program Schedule and Fees**

**Fee: \$550.00** for Fall Session (\*SSAH funding can be used for this service)

**Registration Deadline is January 4, 2019**

**LIMITED SPACE AVAILABLE!**

Session Dates:	Jan 12	Jan 19	Jan 26	Feb 2	Feb 9	Feb 23	Mar 2	Mar 9	Mar 16	Mar 23
7-9 years	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm

**NOTE: No Session on Feb 16 as it's Family Day weekend.**

Programs are offered once per week on Saturdays. Fees cannot be refunded due to absence or missed sessions. **Payment and registration is due January 4 2019.** 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 Adaptive Learning Services Inc. is a nut-free environment. If you do bring snacks, please ensure to send in properly stored containers.

#### Registration

Return completed registration form and payment by **January 4, 2019** by mail or dropped off during business hours to our head office location at: 6685 Millcreek Drive, Unit 1, Mississauga, ON L5N 5M5.

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  
(please note that social skills group sessions are not held at this location)

**\*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](http://www.exceptionalminds.ca)