



## SOCIAL SKILLS GROUP—SPRING 2023

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 **9-12**. 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 small 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 and unexpected 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 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 Group is a **8-week** program held on Saturdays at Exceptional Minds Learning Services Inc.

**6685 Millcreek Drive, Unit 1, Mississauga**  
**Session Dates: April 15, 22, 29, May 6, 13, 27, June 3 & 10**  
**Time: 11:30am—1:30pm**

For additional information please refer to our website at:  
<http://exceptionalminds.ca/group-programs/>



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: \_\_\_\_\_

CLIENT INFORMATION

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

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

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

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

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

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

Concerns:

Initiates interactions with peers: Y N

Trouble understanding social cues Y N

Makes friends at school Y N

Classroom behavioural problems Y N

Spends time with peers outside of school Y N

Difficulty with emotion regulation Y N

Teased/bullied by peers Y N

Quality of time spent with peers:

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

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Interests and skills:

Favourite games/activities: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Communication and Language skills:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Social Skills Program Schedule and Fees

**Fee: \$650.00** for Spring Session (\*SSAH funding can be used for this service)

**LIMITED SPACE AVAILABLE!**

| Session Dates: | April 15   | April 22   | April 29   | May 6      | May 13     | May 27     | June 3     | June 10    |
|----------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 9-12 years     | 11:30-1:30 | 11:30-1:30 | 11:30-1:30 | 11:30-1:30 | 11:30-1:30 | 11:30-1:30 | 11:30-1:30 | 11:30-1:30 |

Programs are offered once per week on Saturdays. Fees cannot be refunded due to absence or missed sessions. **Payment and registration is due by April 12, 2023.** 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 \$ 650.00

CASH                      CHEQUE  
 CREDIT CARD        Name on Card \_\_\_\_\_  
   Card # \_\_\_\_\_  
   Expiry Date \_\_\_\_\_       3-Digit Security Code \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## 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

Jewellery, 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. Please ensure to send in snacks that are free of nut products.

#### Registration

Return completed registration form and payment information or cheque by **no later than Wednesday, April 12, 2023** by e-mail to: [sandra@exceptionalminds.ca](mailto:sandra@exceptionalminds.ca) or original forms can be dropped off or mailed to:

Exceptional Minds Adaptive Learning Services  
6685 Millcreek Drive, Unit 1, Mississauga, ON L5N 5M5.

Cheques are payable to: **Exceptional Minds Adaptive Learning Services Inc.**  
(full name required, no abbreviations please)

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

Please be advised that if your child will be late or absent for any sessions, please notify us by email to: [scheduling@exceptionalminds.ca](mailto:scheduling@exceptionalminds.ca).

\*Fees cannot be reduced or refunded due to late arrivals, early departures, absences or missed sessions.