

APPLICATION TO RECEIVE PARENTING MODULE FOR A CHILD WITH ASD

Child's Name: _____ Date of Birth: _____

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

Street Address: _____ City: _____ Postal Code: _____

Telephone: _____ Email: _____

Child's Diagnosis: _____ Done by: _____ When: _____

Do you have internet in your home? Yes No

Is your child waiting for services from an ABA Regional Program? Yes No. If Yes, what type of services?

Is your child receiving ABA or IBI now, or has in the past? Yes No. If Yes, what type of services?

My child has needs in the following areas:

Communication – Describe: _____

Problem Behaviours – Describe: _____

Toilet Training – Describe: _____

I am interested in receiving one or more parenting modules for my child with ASD. I understand that a half hour office interview will be set for my myself and child with a Board Certified Behaviour Analyst. I understand that there will be a cost of \$135.00 for the interview, which will be credited to the cost of a parenting module if I decide to proceed.

Please print your name

Please sign

Date

For more information, call Jean (416) 251-9277

Please mail, email, or fax to:

Parent Modules, Behaviour Innovations, 618 the Queensway, Toronto, Ontario, M8Y 1K3

EMAIL: parent@behaviourinnovations.com

FAX: 416-251-4688