



Successful Transition from Elementary to Post-Secondary (STEPS) Online Parent Program Registration Form

To be completed by the parent/guardian

Student

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Pronouns: _____

Elementary School: _____ Current Grade: _____

School Board: _____ Expected High School: _____

Where did you hear about the program? (school referral, social media, word of mouth, etc.) _____

Parent/Guardian 1 (primary contact)

Name: _____ Relationship to child: _____

Home #: _____ Work #: _____

Cell #: _____ Email Address: _____

Preferred method(s) of contact:

Home Phone Work Cell E-mail

Home address: _____

Parent/Guardian 2

Name: _____ Relationship to child: _____

Home #: _____ Work #: _____

Cell #: _____ Email Address: _____

Preferred method(s) of contact:

Home Phone Work Cell E-mail

Home address: *Same as above*

I agree to provide copies of my child's IEP and their most recent psychoeducational assessment or Special Education Endorsement form to confirm my participation in the program. I also acknowledge that the program consists of 4 weeks and by accepting a spot in the program, I agree to attend the full program.

The STEPS Online Parent Program is being offered in 4 sessions from 6:00-7:30 on January 23, 30, & February 6, 13, 2024.

I agree that a parent will attend all 4 STEPS sessions: YES NO

NOTE: One parent/guardian attending in each week meets the attendance requirement.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Completed registration packages can be sent to RARC by fax, via email or dropped off in person. For confidentiality reasons, electronic packages should be password protected or sent via a secure portal such as [SecureDocs](#) to steps@queensu.ca. The deadline to submit registration forms is January 9, 2024.



Background Information Questionnaire



1. Who is completing this form? What is your relationship to the student?
2. Please list any diagnosed disabilities your child has (if any).
3. What problems or questions have caused you to want to participate in this program for yourself or your child?
4. What interventions/strategies have you already used to address these problems? What was the outcome?
5. What would you like to gain out of your participation in our program?

Academic

6. Current teacher (if multiple, who knows the student the best):

7. Please describe any academic challenges experienced at school.

8. Please describe any behavioural or psychological difficulties experienced at school.

Psychological/Behavioural

9. Please check all that apply regarding your child:

Depression/sadness

Changes in eating or sleeping habits

Feelings of worthlessness, hopelessness, or low self-esteem

Suicidal ideation or behaviours

Anxiety/nervousness

Excessive fears or phobias

Nightmares

Recurrent intrusive thoughts

Poor frustration tolerance

Explosive anger

Aggressive/violent

Destroys other people's property

Mean to animals

Mean to people

Steals

Lies easily

Skips school

Rapid mood changes

Euphoria (feel on top of the world)

Visual or auditory hallucinations

Toileting accidents

Inattentive

Easily distracted

Restless/difficulty sitting still

Impulsive

Exhibits sexually inappropriate behaviour

Other