



Regional Assessment and Resource Centre, Queen's University  
Mackintosh-Corry Hall, Suite B100  
68 University Ave, Kingston, ON K7L 3N6



Dear Parents/Guardians:

Thank you for your interest in the Successful Transition from Elementary to Post-Secondary (STEPS) program offered by the Regional Assessment and Resource Centre (RARC) at Queen's University. STEPS is a 2-year program for students with neurodevelopmental conditions affecting learning (including learning disabilities, ADHD, and autism spectrum disorder). The program begins in Grade 7 and continues until the student attends Grade 9.

Our experience of over 10 years running this program has taught us that by providing students, their parents, and teachers with a deeper understanding of the student's learning profile and challenges, it increases the chances of students succeeding in secondary school and beyond.

There is no cost for the intervention sessions. However, all students need a recent psychoeducational assessment to participate in this program. If you do not have a recent one, RARC will schedule one. The cost is \$2000 and we offer flexible payment options over a 2-year period. Please see the attached Financial Contract form for full details.

To hear from former students and parents, click on [Steps Testimonials](#).

**STEPS Information Session** will take place on **Wednesday, November 2<sup>nd</sup> at 6:30 pm-8:00 pm** on Zoom.

[Click here to access the Zoom Meeting Link](#)

Or join with Meeting ID: 984 9374 1643 and Passcode: 973915

#### **For Students Accepted into STEPS, the Program Provides:**

- An updated psychoeducational assessment
- Student intervention sessions focusing on self-advocacy and self-esteem
- Parent training sessions
- Summer adaptive technology and high school transition program

#### **Eligibility Requirements:**

- Must apply for the program during the fall of their Grade 7 year
- Have impairments in academic achievement
- Be previously diagnosed with a relevant disability (e.g., a learning disability, ADHD, Autism Spectrum Disorder), or have a history that strongly suggests a relevant disability
- Have average intellectual functioning, based on previous assessment findings

#### **Acceptance in the STEPS Program:**

There are a limited number of spaces in the STEPS program each year. Applications will be screened and scored to determine acceptance into the program.

## **Program Delivery and COVID-19**

Our hope is that STEPS programming will run fully in person. However, the past couple of years have taught us to be flexible and ready to pivot, should the need arise. The following is an outline of the programming and is subject to change at any time. All attempts will be made to run programming in-person.

## **The Psychoeducational Assessment**

Traditionally, each student who is accepted to the program will receive a psychoeducational assessment in Grade 7, unless they have had a comprehensive assessment in the past two years. Having an updated assessment is a critical part of this program, and incredibly valuable to starting Grade 9 with up-to-date learning and accommodation information in place for students. The detailed and comprehensive assessment consists of cognitive and academic testing by RARC practitioners.

### **Participation in the assessment involves the following elements:**

- Completion of a background questionnaire and writing sample
- Submission of relevant academic and clinical records
- Virtual intake interview and consent appointment (1 hour)
- Attendance of student at **2 in-person testing sessions of approximately 3 hours each**
- 1-hour virtual feedback meeting with the family

All testing sessions take place in-person during office hours. Following the testing and feedback meeting, parents will be given written reports which they may choose to share with the school. The cost of the psychoeducational assessment is \$2000, with flexible payment option over a 2-year period.

## **Intervention Sessions/Parent Training Sessions**

Students will participate in group intervention sessions in Grades 7 & 8 with the focus on increasing self-esteem and self-advocacy skills. Parents will also participate in sessions to increase their knowledge of learning differences and develop specific strategies to aid their child. The first series of sessions traditionally take place in May. These sessions are held on Queen's campus.

## **Summer Programs**

Students will attend a one-week (half days/mornings) Adaptive Technology training program in the summer between 7<sup>th</sup> and 8<sup>th</sup> grades. This will be held on Queen's campus. The following summer between Grade 8 and Grade 9, students will attend a 3-day camp to prepare them for the transition to high school. This camp is typically run at a Kingston high school.

## **Mandatory Participation**

Full participation of all aspects of the program is mandatory, and families who withdraw/skip programming sessions will be charged a fee. For this reason, we require all participants to provide an undated cheque for \$200 upon their child being accepted into the program. All cheques will be returned (uncashed) at the end of the 2-year program. Should a family withdraw during the program, we will cash the cheque at that time.

## Interested in Applying to the STEPS Program

Please fill out the **Registration Form**, **Background Information Questionnaire** and **Financial Contract** (if previous assessment is more than two years old) and return these to your child's Special Education teacher along with the **Teacher Contact Form** as soon as possible. To prepare for the assessment, the practitioner needs to have **all specialist assessment reports** (psychoeducational, occupational therapy, speech language, psychiatric, etc.), **report cards from each year**, and the **most current Individual Educational Plan**. With your permission, school personnel will copy the above documents and send them to RARC staff.

You can choose to send in the Registration Form, Background Information Questionnaire, and Financial Contract directly, rather than going through your child's school. Please refer to the Teacher Contact Form to see what additional documentation is required with your registration package.

## Completed Registration Packages – Methods of Delivery to RARC

- Email to [steps@queensu.ca](mailto:steps@queensu.ca) (for security and confidentiality, please password protect all files, or send securely through [SecureDocs.ca](https://securedocs.ca))
- Fax to 613-533-6564
- In-person during RARC operating hours:  
Monday-Thursday 9:00 am-12 pm or 1:00-4:00 pm, Fridays by appointment only

**In-person deliveries must be handed to a staff member at RARC.  
Please do not leave packages unattended outside of RARC office.**

Once we have received your full registration package, our team will review it to determine eligibility. Families who are accepted into the program will be contacted, and we will set up a time for an intake interview (virtual meeting over Zoom) to discuss the program and answer any questions about participation.

## A Note on Queen's COVID-19 Vaccination Policy

At this time, proof of vaccination is **not** required to attend most in-person activities at Queen's, including STEPS programming. The university may reinstate its Policy Regarding Mandatory Vaccination Requirements for In-Person Activities, if the local public health environment changes, or, if the government mandates or public health recommendations restore proof of vaccination requirements. If the university does reinstate its Policy, STEPS participants who cannot provide satisfactory proof of vaccination could find their ability to participate in activities restricted or discontinued.

Please contact our Program Coordinator at [steps@queensu.ca](mailto:steps@queensu.ca) if you have any questions.

Sincerely,

*Beth Pollock*

Dr. Beth Pollock, Ph.D., C.Psych  
Clinical Director  
Regional Assessment and Resource Centre

*Gillian Goldsmith*

Gillian Goldsmith, B.Ed  
STEPS Program Coordinator  
Regional Assessment and Resource Centre



# Successful Transition from Elementary to Post-Secondary (STEPS) Registration Form

*To be completed by the parent/guardian*

## Student

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Elementary School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Expected High School: \_\_\_\_\_

## 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*

Child is living with:

- Both parents  Mother  Father  
 Legal Guardian  Other (specify) \_\_\_\_\_

Status of parents' relationship:

- |  |  |
|--|--|
| <input type="checkbox"/> Married (How long? _____ years)             | <input type="checkbox"/> Never married                           |
| <input type="checkbox"/> Separated (Child's age at separation _____) | <input type="checkbox"/> Divorced (Child's age at divorce _____) |
| <input type="checkbox"/> Single                                      | <input type="checkbox"/> Widowed                                 |

Please indicate whether there are stepparents:

- Stepparent (Name: \_\_\_\_\_)
- Stepparent (Name: \_\_\_\_\_)

Is your child adopted?  No  Yes (If yes, age at adoption \_\_\_\_\_)

In the case that the parents/guardians cannot be reached – Emergency Contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please return completed registration form to the Special Education teacher, for them to forward to the STEPS Coordinator. You can also choose to send in the registration package directly, rather than going through your child's school. Please review the list of required documentation on the Teacher Contact form to see what additional documentation is required with your registration package.

Completed packages may be sent to us through the Secure Docs system to [steps@queensu.ca](mailto:steps@queensu.ca). If you would like to drop the package off in-person, please only do so during operating hours: Monday - Thursday between 9:00 am-12 pm or 1:00 pm-4:00 pm, Fridays only by appointment only. If you deliver in-person, please do not leave outside the office doors. Packages must be handed over to a staff member at RARC directly. You may also wish to send directly by fax to 613-533-6564. We kindly ask that you let us know via email, which method of delivery we can expect your documents to arrive by.

We will accept applications until March 1. Due to a limited number of spaces, not all students who meet eligibility requirements will be accepted into the program. **Priority will be given to those applications received early (September- December)**. Participants are asked to provide a \$200 un-dated commitment cheque, which will be returned uncashed once they complete the program. If a family decides to withdraw during the program, the cheque will be cashed at that time.

I support my child's participation in the program for the 2022-2024 school years. I agree that copies of my child's IEP, report cards, assessment reports may be copied from the Ontario Student Record (OSR) and provided to personnel at the Regional Assessment and Resource Centre at Queen's University.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Background Information Questionnaire

1. Who is completing this form? What is your relationship to the student?
2. What problems or questions have caused you to seek help for your child at this time? What would you like to gain out of your child's participation in our program?
3. What interventions/strategies have you already used to address these problems? What was the outcome?

### Academic

4. Current teacher (if multiple, who knows the student the best):
5. Past schools attended:
6. Please describe any academic challenges experienced at school.
7. Please describe any behavioural or psychological difficulties experienced at school.

8. Has your child had a previous psychoeducational assessment?

Yes            No

If yes, when and by whom?

**Medical/Developmental**

9. Were there any abnormalities in terms of pregnancy or delivery?

10. Were motor or language developmental milestones attained within normative expectations? If not, what delays were observed?

11. Has your child received occupational therapy, speech and/or language therapy, or physiotherapy? If yes, please indicate what they received treatments for and when.

12. Have any major injuries been sustained (including concussion)?            Yes            No

Details (if yes):

13. Has your child experienced any major illnesses?            Yes            No

Details (if yes):

14. Have there been any surgeries or hospitalizations?            Yes            No

If yes, when and for what condition?

15. Are there any issues with vision or hearing? Please explain:            Yes            No

If yes, please explain:

16. Does your child take any regular medications? If so, what medications, at what dosages, and for what conditions? Please fill in the table below.

Medication	Dosage	Condition

17. Are there concerns regarding sleep or appetite?

**Family/Social**

18. Please indicate place of birth and primary language spoken within the home. Are there any other languages spoken within the home?

19. Family composition – who lives in the home? Please note the ages of any siblings. If applicable, what are the current custody and access arrangements?

20. Please list the current educational status (such as completed high school, completed a college diploma or university degree, completed graduate studies, etc.) and current job title for parents.

Parent (please note biological, adoptive, step, etc.)	Educational Status	Current Job Title



21. Has anyone in the immediate or extended family experienced learning challenges, attentional issues, mental health difficulties? If so, who and what difficulties have they experienced?

22. Please describe any social/interpersonal challenges experienced.

23. Please list any extracurricular activities.

### **Psychological/Behavioural**

24. Please check all that apply regarding your child:

- |   |   |
|---|---|
| Depression/sadness  | Mean to people                            |
| Changes in eating or sleeping habits                        | Steals                                    |
| Feelings of worthlessness, hopelessness, or low self-esteem | Lies easily                               |
| Suicidal ideation or behaviours                             | Skips school                              |
| Anxiety/nervousness   | Rapid mood changes                        |
| Excessive fears or phobias                                  | Euphoria (feel on top of the world)       |
| Nightmares  | Visual or auditory hallucinations         |
| Recurrent intrusive thoughts                                | Toileting accidents                       |
| Poor frustration tolerance                                  | Inattentive                               |
| Explosive anger   | Easily distracted                         |
| Aggressive/violent  | Restless/difficulty sitting still         |
| Destroys other people's property                            | Impulsive                                 |
| Mean to animals   | Exhibits sexually inappropriate behaviour |
|   | Other:                                    |

26. Please describe any major family or parental stressors or events that may have impacted your child in the past or that may impact him or her now (please give details, include incidents you feel were traumatic for this particular child, though they might not have been for another child):

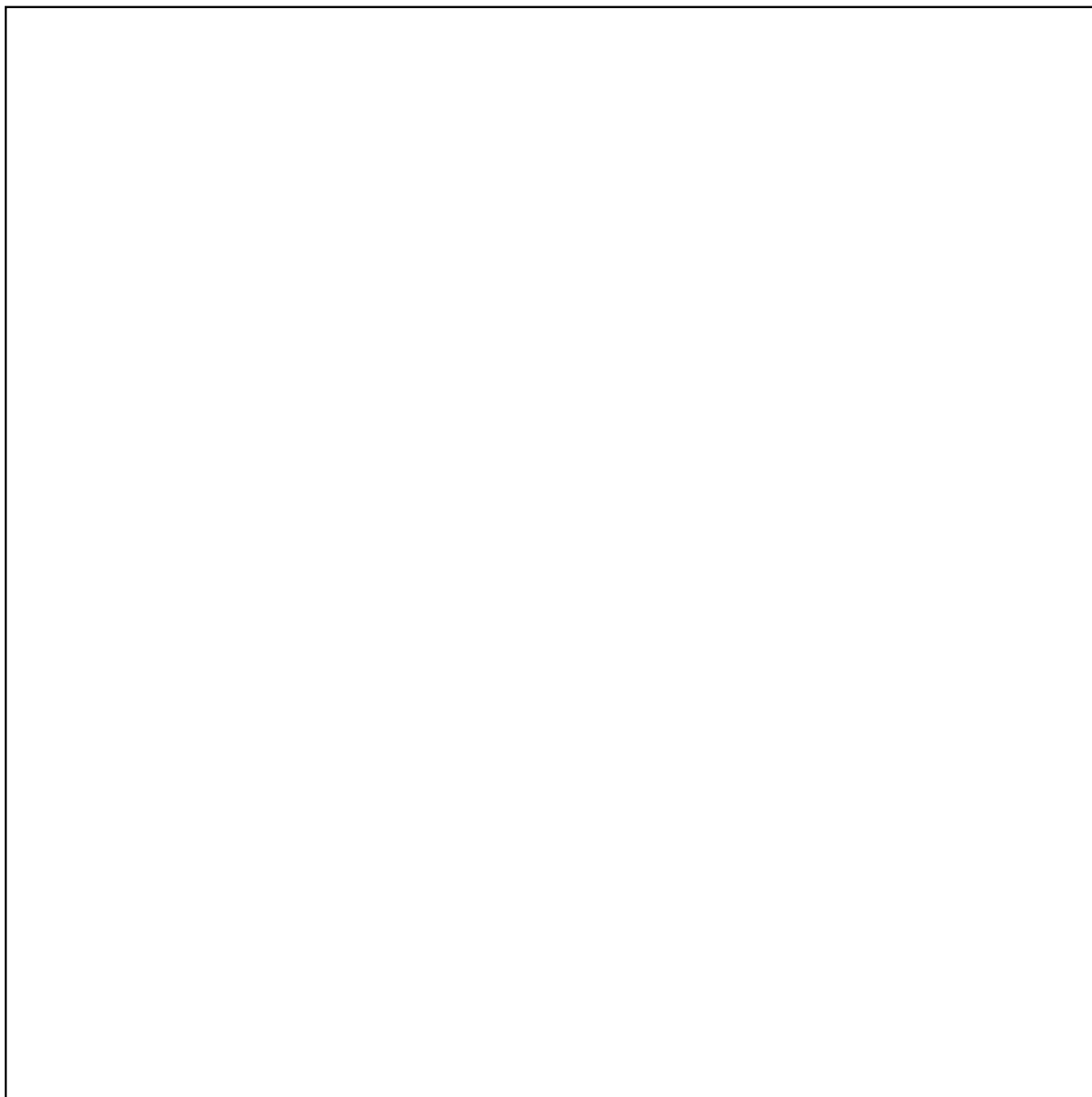
27. Please list any previous experiences with Psychologists, Psychiatrists, Social Workers, and/or Counselors:

Therapist Name	Dates of Treatment	Details

My child has never had psychological therapy or counseling.

28. Please note any additional concerns or information that you feel is pertinent to know regarding your child that has not been covered in this questionnaire:

**Writing Sample.** Please have your child hand write a short story or 'essay' on a topic of their choice (i.e., favourite sport, video game, activity, etc.). They may write about anything, but it must be printed or written in cursive (i.e., not typed) on this page (you can print this page). You can click on the box below to insert a picture/file of the sample. If you are unable to attach it here, please send as a separate scan along with your application package.

A large, empty rectangular box with a thin black border, intended for a student to write a short story or essay. The box is completely blank and occupies most of the page's width and height.