



11 Nadolny Sachs Private, Suite #218
Ottawa, ON
K2A 1R9
(613)-725-3519
keshetkids@tamir.ca

**Welcome to the
Keshet Community Connections program!**

We are so excited that you are considering the Keshet Community Connections program for your child. Keshet Community Connections provides integration aides for children at local summer camps and for community-based programs. Our goal is to provide the support your child needs to thrive and fully integrate into the community experience. This year, we will provide professional support to enhance your child's skills within the setting of your choice. After a decision is agreed upon around the weeks of support being provided, your child will have a dedicated integration aide working with them to provide your child with the best possible camp/program experience.

We invite you to fill out the application form online and you will be contacted by the Keshet Community Connections (KCC) Supervisor and the Clinical Supervisor to complete the intake process and help us get to know your child. Your child will be matched with one of our integration aides and they will work on the individualized goals that you have decided on with the Clinical Supervisor. The integration aide will support and encourage your child to meet the goals within the context of the regular camp activities.

We strongly encourage positive communication between you and your child's integration aide. The KCC supervisor is available to help assist with this process. If questions arise, please reach out the KCC supervisor to discuss and implement possible solutions so that the experience can be positive and return to having a blast.

Finally, Keshet Community Connections is happy to announce that we are planning to expand to support kids throughout the year. Every community event is a chance for the family to go out together and for kids to improve their skills. Please watch the Tamir Kids website for more information.

Thank you for reaching out to the Keshet Community Connections program.

Sincerely,

Estelle Allen
Keshet Community Connections Supervisor
keshetkids@tamir.ca
(613) 851-7476



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PARENTS/CAREGIVERS		
Mother's Name (First/Last):		
Address		Email Address
Home Phone:	Cell Phone:	Work Phone:
Father's Name (First/Last):		
Address		Email Address
Home Phone:	Cell Phone:	Work Phone:
Caregiver's Name (First/Last) (if applicable):		
Address		Email Address:
Home Phone:	Cell Phone:	Work Phone:
Emergency Contact Name(not parent):	Emergency Contact Phone:	Emergency Contact Relationship:

GENERAL INFORMATION

CHILD'S INFORMATION	
Does your child have a diagnosis?	Diagnosis (if yes):
What are your areas of primary concern?	
1.	
2.	
3.	
What services is your child currently receiving (check all that apply)	
<input type="checkbox"/> Speech and Language Pathology (SLP) <input type="checkbox"/> Applied Behavior Analysis Therapy (ABA) <input type="checkbox"/> Art Therapy	
<input type="checkbox"/> Occupational Therapy (OT) <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Music Therapy	
Other (please describe):	



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CHILD'S PROFILE

Describe your child in your own words.

What does your child enjoy doing? What are your child's likes/interests?

What does your child not enjoy?

What are some reward and/or reinforcers that your child enjoys (i.e. stickers, hi5, hugs, walks, books etc..)

In your opinion, what are your child's greatest strengths?

In your opinion, what are your child's greatest needs (areas of improvement/challenges)?

Is there anything else you would like to tell us about your child?



COMMUNICATION

How does your child communicate?

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Picture Exchange System | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> AAC Device | <input type="checkbox"/> Gestures/Signs/Leads you | <input type="checkbox"/> Other |

Please describe your child's communication abilities:

- How well do you and a stranger understand your child when he/she communicates (completely, somewhat, not very well).
- Can your child follow simple one step instructions?
- Describe how your child communicates his/her needs to you.
- If using an AAC device, what system are they using (i.e. Prologuo2Go, Go Talk etc..).
- What are your goals for your child's communication during this program?

DAILY LIVING SKILLS

Is your child toilet trained? Fully Partially No

Does your child need assistance with wiping themselves?	Yes	No
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Does your child ask to go to the bathroom on their own?	Yes	No
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Does your child need reminders to go to the bathroom?	Yes	No
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What is your child's toileting schedule (i.e. once every 2 hours, once every 3 hours etc...)

What is the frequency of daytime accidents never rarely 1-2x per day 3+ times per day

Does your child need help with dressing? (outdoor clothing, putting their shoes on etc..). If yes, what help do they need?	Yes	No
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Does your child need help with feeding? If yes, what help do they need:	Yes	No
Is there anything else that you would like to tell us that is pertinent to daily living skills? Please describe.		

SENSORY		
Does your child have sensory difficulties? (i.e. does not like bright lights, tags on clothing etc..)	Yes	No
Does your child resist if you physically support them (i.e. to draw, to walk, to wash hands etc..)	Yes	No
Does your child engage in repetitive behaviors (i.e. finger play, spinning items, twirling hair etc).	Yes	No
Have you noticed any deficits/sensitivities in: hearing/vision/other senses (i.e. does not like loud sounds, does not like the feel of play doh, obsessed with water etc..).	Yes	No
Is your child over-stimulated by noise/lights/crowds?	Yes	No
Is there anything else that you would like to tell us that is pertinent to your child's sensory skills? Please describe.		

BEHAVIOURS		
Does your child have any behavioral issues/behavior management issues? Please describe in the box below.	Yes	No
Is your child anxious? If yes, please list any triggers and how he/she demonstrates this.	Yes	No
Does your child have any current behavior plans/protocols?	Yes	No
<i>Does your child engage in the following behaviors?</i>		
Bolting (Running Away)	Yes	No
Self-Injurious Behaviors (hitting themselves, pinching themselves, slamming themselves on the floor etc..)	Yes	No



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Aggression toward others (hitting, pinching, slapping, hair pulling etc..)	Yes	No
Tantrums (Please describe)	Yes	No
Eating inedible and/or dangerous objects	Yes	No
Rigidities with routines	Yes	No
Does your child demonstrate fear of an activity/item? Please explain below.	Yes	No
Is there anything else that you would like to tell us that is pertinent to your child's behavior? Please describe.		

MOTOR SKILLS		
Does your child walk independently? (If they need assistance, please describe below).	Yes	No
Can your child walk independently up and down stairs? (If they need assistance, please describe below).	Yes	No
Does your child hop on one foot?	Yes	No
Does your child hop on two feet?	Yes	No
Does your child need support to stand?	Yes	No
Does your child complete simple activities that involve fine motor movements independently? (i.e. buttoning, threading, zipping, pointing, etc....).	Yes	No
Can your child play catch with another person? (i.e. passing, catching, throwing a ball)	Yes	No
Is there anything else that you would like to tell us that is pertinent to your child's motor skills? Please describe.		



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ACADEMIC SKILLS

Does your child need help with crafts? (i.e. glue stick use, scissors, etc..)	Yes	No
Can your child write independently?	Yes	No
Can your child read independently?	Yes	No
Can your child work productively in a small group?	Yes	No

Is there anything else that you would like to tell us that is pertinent to your child's academic skills? Please describe.

SOCIAL SKILLS

Does your child respond to his/her name?	Yes	No
Does your child make eye contact when communicating with you?	Yes	No
Does your child accept losing appropriately in board games?	Yes	No
Does your child take turns with others appropriately?	Yes	No
Does your child interact with other peers?	Yes	No

Please describe in detail how your child interacts with others, what some challenges are, and what some strengths are in this area.



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MEDICAL NEEDS		
Does your child have any allergies?	Yes	No
Does your child have seizures?	Yes	No
Does your child take any medications?	Yes	No
Does your child need an epi-pen?	Yes	No
Please describe in detail any medical needs that your child has and how they are managed. If your child does not have any medical needs, please write N/A in the box below.		

OTHER		
Has your child ever attended a camp before?	Yes	No
If yes – which camp?		
Is there any other information that you would like to provide? Do you have any questions?		

Parent Signature: _____

Date: _____

Send Completed Form to:

Estelle Allen
Keshet Community Connections Program Supervisor
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