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Dear Parent/Caregiver:

Thank you for your interest in our FASD Respite Program!

We are a fun, recreational program for children ages 3-8 with a diagnosis or query of FASD. Our program runs Saturdays from September until June (excluding long weekends). The program is designed to provide a safe place for children to play and explore while the family is able to get the respite they need. Monthly workshops are offered to families to help build capacity, and offer support.

**Criteria for FASD Respite Program:**

- Child aged 3-8
- Query or diagnosis of FASD
- Not able to access other supports (ex: FSCD, Supports for Permanency, etc.)
- A need for respite services

We need the following information in order to start the enrolment process for your child. We know it is a lot of information, so if you have any questions regarding this process, please contact us!

You can e-mail, fax, or mail these documents to us as soon as they are completed (see contact info below). There are limited spots within the program and the children are prioritized by need. The FASD Respite Program Coordinator and Family Support Worker will review the forms, and then contact you to schedule a site visit to complete the intake process. If no spots are available in the program, you will be placed on a waitlist.

**Items Needed:**

- 1) FASD Respite Program Intake Forms
- 2) Pre-Program Survey
- 3) Relevant documentation, if required (ex: documentation of diagnosis, copy of IPP, etc.)

We look forward to hearing from you,

Raelee Grier, FASD Respite Program Coordinator  
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Phone: 780.454.5310, ext. 233  
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Rosathya Ros, Family Support Worker  
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## FASD Respite Program Intake Form

Date:

Referral Source:

### Child Information

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Child's Name:

Date of Birth:

AHC#:

Sex:

Citizenship:

Child Resides with:

- Biological Family
- Adoptive Family
- Kinship Family
- Foster Family
- Other

### Parent/Caregiver Information

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Parent/Caregiver Name:

Legal Guardian Name:

Street address

City

Province

Postal Code

Home Phone:

Cell Phone:

E-mail:



Medical History:

What school/program does your child attend?

Does your child have an IPP/Behavioural Plan?

Yes

No

Does your child exhibit any of the following behaviours regularly? (Please check all that apply)

Aggression towards peers

Aggression towards adults

Hitting/kicking

Spitting

Pinching

Biting

Impulsivity

Self-injury

Property destruction

Does your child have any other behavioural concerns?

Does your child have issues with following directions or routine?

What reinforcers/rewards work with your child? (ex: stickers, music, toys, etc.)

What do you do to manage your child's challenging behaviour at home?

What are your child's strengths?

What goals or skills would you like your child to target while at the FASD Respite Program?

What is your (parent/caregiver) primary reason for requesting respite services?

Number of siblings and ages in the home?

Are there other children affected by FASD in the home?

Yes

No

Does your child have a FSCD Contract?                      If yes, please specify what supports are provided:

Yes

No

What supports/services does your family access? (ex: CASA, Family Centre, Coaching Families)

Has your child attended any other respite programs?

Yes

No

Are you able to provide transportation for your child to attend the FASD Respite Program?

Yes

No

# FASD Respite Pre-Program Survey

Date

Child Name:

Parent/Caregiver Name:

1.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
<b>In the last month, how often have you felt stressed overall?</b>					

2.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
<b>In the last month, how often have you felt stress related to your child's behaviours?</b>					

3.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
<b>In the last month, how often have you felt you have been able to spend quality time with your child?</b>					

4.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
<b>In the last month, have you felt supported in managing your child's behaviours?</b>					

5.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
<b>In the last month, have you engaged in activities that you find enjoyable (exercises, time with friends, etc.)?</b>					

6.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
<b>In the last month, how often have you felt able to spend time with, and interact with, all the members of your household (other children, spouse, etc.)?</b>					

7.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
<b>In the last month, have you been able to effectively manage all aspects of caring for your child with behaviours?</b>					

8. In the past six months has your child or family experienced any positive or negative changes (moving, losses, birth of a sibling, separation, etc.)?

Yes

No

If yes, please explain:

9. What is the most challenging aspect of your child's behaviours

For you?

For your child?

For your family?

10.

	Don't Understand	Limited	Somewhat	Fairly Well	Very Well
<b>How well do you feel you understand FASD currently?</b>					



11. What have you done to help you understand your child's needs? (ex: gone to workshops, read books, etc.)

12. Do you want to learn more about FASD?

If yes, please explain what:

Yes

No

**Thank you for taking the time to complete this survey! =D**