

## WHAT IS CHECKERED DOOR?

Checkered Door is a Community-Based Centre delivering a Social Development Program for Youth with Intellectual Disabilities including Autism Spectrum Disorder, ages 18-29

## WHAT ARE THE GOALS OF THE PROGRAM?

To prepare youth with intellectual disabilities to transition to adulthood by:

- ✓ supporting the development of social skills
- ✓ learning the techniques of emotional regulation
- ✓ developing skills for life
- ✓ practicing the key elements of character development

Partnered with participation in the arts, recreation and community inclusion

## SAMPLE SKILLS AND ACTIVITIES SCHEDULE

9 am to 9:45	<b>Connection Time, One on One Person-Centered Planning</b> (Self- Assessment, Setting SMART Goals)
9:45 to 11:15	<b>Cognitive Skills Development, Adaptive Life Skills</b> (Social Language, Executive Functioning, Digital Literacy)
11:15 to 11:30	Break
11:30 to 12:15	<b>Creative Arts and Board Games</b>
12:15 to 12:45	<b>Lunch</b> (Healthy snacks and meals from your home?)
12:45 to 1:30	<b>Physical Activity &amp; Relaxation Techniques</b> (Outdoor/Indoor, Walks, Meditation, Stretching, Zumba)
1:30 to 3 pm	<b>Social Skill Building, Character Education</b> (Social Thinking® Methodology, Zones of Regulation®)
3:00 to 3:15	Break
3:15 to 4 pm	<b>Reflections/Conclusions</b> (Learning Journal, Take Home Messages)

## MONTHLY CHARACTER EDUCATION THEMES

### SOCIAL THINKING® CURRICULUM TOOLS

September	The Group Plan, Body & Brain in the Group   <b>Positivity</b>
October	Expected/Unexpected thoughts & behaviors   <b>Respect</b>
November	Whole Body Listening, Size of Problem   <b>Acceptance</b>
December	Social Behavior Mapping, Thinking with your Eyes   <b>Compassion</b>
January	Sharing Imaginations, Social Detectives   <b>Empathy</b>
February	Smart Guesses/Wacky Guesses   <b>Co-operation</b>
March	Friendship Pyramid, People Files   <b>Honesty</b>
April	Flexible vs stuck thinking, Personal Boundaries   <b>Self-Control</b>
May	Hidden Rules, Spirals of Social Success& Failure   <b>Resilience</b>
June	Social Wonder/World Wonder   <b>Responsibility</b>

Note: This program, including its teacher or leader, is not affiliated with, nor has it been reviewed, approved, or endorsed by Michelle Garcia Winner and Think Social Publishing, Inc."

**PROFESSIONAL REFERRAL**

**Instructions**

Applicants are required to obtain a referral from a Provincially Licenced Health Care Professional who knows the applicant well enough to certify that the Social Development Program offered by Checkered Door Inc. is an appropriate means to assist the individual in coping with/alleviating the effects of an Intellectual Disability/ Disorder, Developmental Disability, or Autism Spectrum Disorder.

The following Provincially Licenced Health Care Professionals may complete this form:

- Family doctor or other physician, including psychiatrist
- Psychologist
- Occupational Therapist
- Speech Language Pathologist
- Registered Nurse/Nurse Practitioner

To be filled out by applicant

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Last Name First Name  
*(Applicant)*

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Name of Parent, Guardian or Primary Care Support, relationship to applicant

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Address City Postal Code

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Phone *(home)* Phone *(cell)*

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Date of Birth (YYYY/MM/DD)

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Referring Provincially Licensed Health Care Professional *(Physician, Social Worker, Psychologist, Occupational Therapist, Speech Language Pathologist, Registered Nurse)*

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Address Phone

**To be completed by Health Care Professional**

Applicants may qualify for Social Development Training delivered by Checkered Door Inc. if they are a person identified as having an intellectual/developmental disability including autism spectrum disorder.

This information will be used to determine the appropriateness of the training for this individual.

Please complete and sign this report and return it to your patient/client.

**1. Please identify the primary disability of the applicant: (check all that apply)**

- Intellectual disability
- Intellectual disability
- Cognitive impairment
- Developmental disability
- Autism spectrum disorder

**2. Please indicate secondary disabilities (if any):**

**3. After reviewing the attached description of the Social Development Training offered by Checkered Door Inc. do you certify that this training is an appropriate means to assist this individual in coping with the effects of his/her disability/disorder?**

Yes                  No

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Signature of Health Care Professional \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION**

I, \_\_\_\_\_ am applying to Social Development Training supplied by  
*Name of applicant (Please Print)*

Checkered Door Inc. I hereby authorize \_\_\_\_\_ to disclose personal  
*Name of Health Care Professional (Please Print)*

health information for the purpose of determining my suitability for training.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_