



770-307-0672
Winder, Georgia 30680
www.georgiaaspergersorganization.org

Questionnaire

Part I of II

Thank you for participating in Georgia Asperger's Organization's **B.A.S.S.** (Barrow Asperger's Syndrome Support) Group and choosing the **T.A.P.** (Teaching Aspie People) Group for your loved one to develop their social and communication skills in while hopefully cultivating some genuine friendships along the way.

By completing this questionnaire, you will play an important role in developing the curriculum for your loved one to use in their group setting. Once these skills are mastered, they will be able to more successfully maneuver through the maze of an ever changing community and world that we share and that they make complete with their uniqueness, intelligence, and loving hearts.

For your privacy, the first portion of the questionnaire, which includes personal information, will be used for contact purposes only. No information about your loved one or your existing school program will be shared with others, except as part of a generalized statement (For example, "20 out of 21 people state that they need the following...") Any descriptive material or suggestions you provide may be cited anonymously in fundraising material (for example, "one parent suggested a program which matched AS children with peer mentors.")

Please provide your contact information so that we can keep you up to date on our work. Do let us know, too, if you'd like to be involved in the planning or fundraising process

Parent Questionnaire

Part I: Family Info

Name: (person completing application) _____

Address _____

Phone _____ D.O.B: _____

Fax _____

Email _____

School district _____

Ethnicity (optional) _____

Number and age of children _____ Ages: _____

Are you interested in taking an active role in planning programs, fundraising, etc? _____

Part II: Information About Your Loved One (or teenager) with Special Needs

Your child's name _____

Age _____ D.O.B: _____ Male or Female

(if your loved one is a teen, be sure to fill out the last section of this questionnaire)

Does your loved one have a diagnosis of PDD-NOS, Aspergers, or High Functioning Autism?

Does your loved one have a different diagnosis? (please describe) _____

Does your loved one have social/communication difficulties with no diagnosis? _____

If your loved one is school aged, does he/she have an IEP or 504? _____

Does his/her IEP include social skills? _____

What does your loved one generally do during the summer? _____

What are the pros and cons of his/her usual activity? _____

Part Three: Your Hopes and Dreams

If you could have a social skills program that satisfied your three most important criteria, what would those criteria be?

1. _____

2. _____

3. _____

If you could help your loved one to build three critical skills, what would they be?

- 1. _____
- 2. _____
- 3. _____

What are your loved one's three strongest suits?

- 1. _____
- 2. _____
- 3. _____

Part Four: Your Ideas, Needs, and Preferences for a Social Skills Program

- o What are the elements that you feel are most important in a Social Skills program for your family member?

- o If you are interested in our T.A.P. program how many weeks would you commit to? _____
- o How much, per session, are you willing/able to spend on our T.A.P. program? _____

We are considering starting up a summer T.A.P. (Teaching Aspie People) program for teens with social/communications skills delays (eg, Aspergers, High Functioning Autism, other related issues).

As part of this group, we are considering the idea of providing social skills/communications therapy to our youth provided by skilled developmental therapists in such areas as recreation, movement, music, therapeutic play. Would this be of interest to you? _____

If you have an interest in such a program, please rate these specific therapeutic areas on a scale of 1 to 5, with 1 being the greatest thing since sliced bread and 5 being something you'd never do:

- I. Recreation (specialized therapy in sports skills, reciprocal play, game playing etc.) _____
- II. Social skills (working with a language/speech therapist (similar professional) on conversation skills, etc.) _____
- III. Drama therapy (building social/communication skills through role play, etc.) _____
- IV. Movement therapy (building social/communication skills through dance, movement) _____
- V. Arts therapy (similar skill building through visual arts) _____
- VI. Music therapy (similar skill building through music) _____
- VII. Hands-on science (Franklin Institute style experiments with a focus on teamwork and visual learning) _____
- VIII. Other (please describe) _____

We expect to offer an inclusive program with appropriate support volunteers and special needs professionals on site. Such a program may include free and instructional arts and crafts, outdoor play, role play, social curriculum, etc. Would this be of interest to you? _____

Part Five: For Parents of Teens

If you have a loved one aged 14 to 24...

- Would he/she be interested in a summer program that includes part time work? _____
- Would he/she be interested in group events specifically for teens with Aspergers/HFA? _____
- Would he/she be interested in family events that might involve younger children? _____
- What are his/her greatest interests/hobbies (clubs? Special interests? Special skills)? _____

- What are your recommendations for summer programs? _____

Various Membership Options are Quarterly* & Non Refundable

I. Platinum / \$100.00 - Georgia Asperger's Organization - *Annual

- a. Interested in supporting our purpose and mission
- b. Earns recognition with name and business printed in “Proud Sponsor’s” section of selected print materials
- c. Receives special Georgia Asperger's Organization membership card with purple heart logo representing one of few hero’s among our fellow Aspie teens and young adults
- d. Sponsor one returning T.A.P. (Teaching Aspie People) Group member (who meets scholarship eligibility requirements) for one season of 6 consecutive weeks of T.A.P. Group social skills.

II. Gold / \$50.00 - Georgia Asperger's Organization

- a. Available for person’s interested in supporting our mission
- b. One year commitment to serve as volunteers
- c. Earns recognition with name printed in “Proud Sponsor’s” section of selected print materials
- d. Earns 10% discount on purchases of selected merchandise and materials

III. Bronze / \$60.00 – T.A.P. Group - quarterly

- a. Option available for teenagers / young adults interested in joining our 6 week group for “Member’s Only”
- b. Winter, Spring, Summer, & Fall *TAP (Teaching Aspie People)* Group’s per availability

IV. Silver / \$25.00 – B.A.S.S. Group - quarterly

- a. Available for person’s interested in supporting BASS Group AKA Barrow Asperger's Syndrome Support Group’s, families, and mission
- b. Qualify for eligibility of 6 wk. T.A.P. Group membership (when available)

IMPORTANT NOTICE:

There will be a \$10 LATE FEE applied to ALL delinquent accounts not paid in FULL PRIOR to the START of a NEW TAP (Teaching Aspie People) Group season.



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Part II of II

Application for **T.A.P.** (*Teaching Aspie People*) Group

Georgia Asperger's Organization is currently accepting applications for the social skills **T.A.P.** (*Teaching Aspie People*) Group serving High School & College age. The group is expected to meet at the same time during the adult B.A.S.S. (Barrow Asperger's Syndrome Support) Group which currently meets together on the 1st & 3rd Thursday of each month. Depending on the number of applications received, this may be a first come first serve opportunity. The **T.A.P.** group is devoted to teens who have been identified with social and communication skill impairments or delays which are commonly associated with High Functioning Autism, Asperger's Syndrome, Nonverbal Learning Disability, or Pervasive Developmental Disorder, NOS. During each group session, our teens can look forward to fun, engaging, and interactive activities to stimulate learning.

The **T.A.P.** (*Teaching Aspie People*) Group provides direct instruction through a variety of teaching techniques that include modeling, role-play activities, coaching, and games. Research indicates that social skills groups / training programs that include *modeling, coaching, and reinforcement* into their programs are the most effective. Successful programs also include plans for *generalization and maintenance* of newly learned skills outside the training environment. Parents will be involved to ensure generalization of skills to natural settings. Each group will be led by volunteer licensed professionals or UGA graduate students who have experience in working with children who have Autism Spectrum Disorders.

Some group topics may include: friendship skills, conversational skills, awareness and respect to others, showing good sportsmanship, flexibility, how to handle bullying, how to accept responsibility for making mistakes, how to prepare & accept transition successfully, and how to calm down when angry or upset.

Since this would traditionally cost at the very least a minimum of \$450 for a 12 wk 1 hr session, lets please be mindful that 100% involvement and commitment from caretaker and teenager are essential in obtaining noticeable results and success with our teens. In the future, we expect to make available quarterly "Family-Fun" events for everyone to enjoy, however this will be contingent on the financial support our families, sponsors, and friends, are able & willing to contribute.

To complete the application for new clients:

1. Complete T.A.P. Group application's part I & II
2. Return completed application's to Marcia Singson
3. Wait to receive acceptance or waiting list letter

Membership Options:

- a. Platinum- \$100 - Annual
- b. Gold- \$50 - Annual
- c. Bronze- \$60 - Quarterly
- d. Silver- \$25 - Quarterly

Offering advocacy support, encouragement, mentoring skills, and resources for everyone. 2012

Social, Emotional, and Behavioral Skills Checklist (SEBS)

Obtained from [Dr. Shayne Ablekop, Ph.D., PC](#); Modified and Adapted by Marcia Singson,

Family Member Name: _____ D.O.B: _____ Date Completed: _____

Family Member completing form: _____

Instructions: Based on your observations, in a variety of situations, rate your family member's following skill level. Put a check mark in the box that best represents the child's current level. Write additional information in the comments section as needed. After completing the checklist, place a check in the far right column, next to skills, which are a priority to target for instruction.

Rating Scale

Almost always: Young Adult consistently displays skill in many occasions or settings and with a variety of people.

Often: Young Adult displays skill on a few occasions or settings and with a few people.

Sometimes: Young Adult seldom displays this skill

Almost never: Young Adult never or rarely displays this skill. In their daily routine, it is uncommon to see him/her demonstrate this skill.

Does the family member...	Almost Always	Often	Sometimes	Never	Comments	Priority
Socialization and Interpersonal skills						
1. Engage cooperatively with peers (e.g., playing games together and talking about the activity)						
2. Respond to the interactions from peers (e.g., answers questions)						
3. Returns and initiates greetings with peers (e.g., waves and says "hello.")						
4. Knows acceptable ways of joining in an activity with others (e.g., offering to share a song on iPod with peer or observing and asking to join)						
5. Invites others to join in / attend						
6. Takes turns during structured games/activities						
7. Asks peers for materials, rules, expectations						
8. Follows another peers activity ideas						
9. Offers materials, rules, expectations to peers						
10. Calls or text messages peers on the phone						
11. Uses computer for social networking (e.g. chatting, friends, GroupMe, Facebook, etc.)						

Emotion Regulation						
Does family member...	Almost Always	Often	Sometimes	Never	Comments	Priority
1. Identifies emotions in self						
2. Labels emotions in self						
3. Identifies emotions in others						
4. Labels emotions in others						
5. Demonstrates concern for others who are experiencing negative emotions (e.g., hurt or crying)						
6. Demonstrates aggressive behavior toward others						
7. Demonstrates aggressive behavior toward self						
8. Allows others to comfort him/her if upset or agitated						
9. Knows some skills to calm down when upset (e.g., taking deep breaths, walking away, talking out the problem)						
10. Holds anger inside and seeks revenge on others						
11. Stays upset for more than 10 minutes						
12. Uses acceptable ways to express anger or frustration (e.g., talks it out or takes a break)						
13. Deals with being teased in acceptable ways						
14. Deals with being left out of a group						
15. Requests a break when needed						
16. Accepts losing at a game without becoming upset						
17. Deals with winning appropriately (e.g., says nice things to winner)						
18. Accepts being told "No" without becoming upset						
Behavioral Flexibility Rating Scale-Revised						
	Not a problem	Mild or minor problems	Moderate problems	Severe problems	Comments	Priority
1. A commonly used object is missed and cannot be found						
2. A planned event is delayed or cancelled with little warning						
3. He/she is required to move from their current location to another location						
4. He/she is required to try something new (e.g. foods or clothing)						
5. An object or game breaks or malfunctions						
6. A usual routine is altered or changed (e.g., substitute teacher)						
7. Another person is doing something annoying						
8. A new object, person has been added to the environment						
9. An activity is interrupted before the person was able to finish the task						

10. He/she makes a mistake while doing some task or while engage in an activity						
Problem Solving Skills						
Does family member...	Almost Always	Often	Sometimes	Never	Comments	Priority
1. Generates solutions to problems						
2. Carries out solutions by negotiating or compromising with others						
3. Seeks assistance from peers/adults when needed						
4. Makes accurate interpretations of social situations (e.g., Refrains from paranoid/depressive thinking "Everyone's out to get me," "Nobody likes me," "You always blame me")						
Conversational Skills						
Does family member...	Almost Always	Often	Sometimes	Never	Comments	Priority
1. Initiates conversations around specified topics (e.g. favorite activities, current events)						
2. Initiates conversations when it is appropriate to do so (e.g. at recess, free time)						
3. Maintains conversations by asking questions of the listener (e.g., "What are you doing?")						
4. Responds appropriately to changes in topic (e.g. will talk about a new topic)						
5. Makes a variety of comments, related to the topic, during conversations						
6. Introduces himself/herself to someone new						
7. Introduces peers to each other						
8. Engages in reciprocal social conversation (e.g., does not monopolize conversation on area of interest)						
9. Maintains appropriate proximity to conversational partner (e.g., does not stand too close or far away)						
10. Orients body to speaker						
11. Maintains appropriate eye contact						
12. Use appropriate voice tone						
13. Recognizes and respects another's point of view						
14. Pays attention to speaker						
15. Waits to interject question (e.g., does not interrupt)						
16. Picks up on social cues (e.g., when someone is finished with conversation or bored)						
17. Ends conversation appropriately						
18. Gives compliments to others						

Manners, Hygiene, and Social graces						
Does family member...	Almost Always	Often	Sometimes	Never	Comments	Priority
1. Picks outfits that match and fit within the peer culture						
2. Keeps appearance neat and clean (without prompting)						
3. Showers daily (without prompting)						
4. Brushes teeth daily (without prompting)						
5. Covers mouth/nose when sneezing						
6. Uses napkin at the table						
7. Asks to be excused before passing gas						
8. Says "please" and "thank you"						
9. Refrains from inappropriate laughter or socially inappropriate noises						
10. Refrains from making socially inappropriate comments about others (e.g., this food is terrible)						

Please share any other information you feel is important.
