



Friday "Knights" Recreation and Family Support Program for Children with Autism Spectrum Disorders

- Participants:** School age children and youth-Grades K-12
Parent group meets at the same time (facilitated by Jan Campito)
- Time:** 6:00 to 8:00 p.m. Fridays
- Location:** The College of Saint Rose, 432 Western Ave, Albany, NY 12203
- Dates:** 5 sessions each semester --Fall 2011-Spring 2012
Fall dates: 9/30, 10/14, 10/28, 11/18, and 12/2/11
Spring dates: 2/3, 2/17, 3/16, 3/30, and 5/4/12
- Cost:** \$30 for the semester. Fees are due at the start of each semester.
Scholarships available thanks to the Albany Autism Society, Inc. & for OPWDD waiver-qualified individuals. Contact Dr. DeLuke (delukes@strose.edu).

Program Description

- ♦ The Recreation Program is a structured and supportive recreational environment for children and adolescents who need opportunities for social interaction beyond what is available through school settings or community recreation programs.
- ♦ The participants include children and adolescents who have difficulties relating to their peers and may need extra support or more opportunities to use the skills they have learned in social skills groups. Children with autism spectrum disorders will be given first priority for program participation. In addition, siblings and peers without difficulties in social relating are invited to join us and to enjoy the activities while serving as role models. Role models pay the program fee until the age of 13 at which point they become "volunteers."
- ♦ Volunteers from the College of Saint Rose (undergraduate and graduate students) are the counselors and activity leaders. Education faculty are on site to provide guidance and supervision.
- ♦ Activities may vary by the age of the group but possibilities include structured board games, Wii games, movement, drama, yoga, history, science, music and arts and crafts.
- ♦ Parent meetings with special topics and speakers occur concurrent with the children's program. Participation in the parent group is free of charge to parents and family members.
- ♦ Contact Susan DeLuke, Ph.D. at delukes@strose.edu or The Emery Clinic Secretary at 337-4914. Request an application for the *Friday Knights Recreation Program*.

*The mascot at the College of Saint Rose is the Golden Knights, hence the name for the program.



Friday Knights Recreation Program Application

Joy S. Emery Educational and Clinical Services Center
 The College of Saint Rose
 432 Western Avenue
 Albany, NY 12203
 Phone: (518) 337-4914 Fax: (518) 337-2313

Please complete the following application form. Do not send money with the application. You need to receive confirmation of acceptance before attending the program. **Please attach a copy of your child's OPWDD waiver eligibility paper work and documentation of an autism diagnosis if your wish to have the fee covered by OPWDD.** This is only required for those seeking this funding support. Thank you!

Child's Name: _____ Today's date _____

Age: _____ D.O.B. _____ Grade in School: _____

School and program your child currently attends: _____

Describe your child's special education program including any supports and services received:

Does he or she have a 1:1 aide ? ___ Would he or she need 1:1 support in this program? ___

Guardian/Parent Information:

Mother: _____

Father: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Cell phone: _____

Cell phone: _____

Email contacts: _____

Email contacts: _____

Medical Diagnosis or Disability Category: _____

Does your child have OPWDD waiver eligibility? _____

Medical Alerts or Concerns Including Medications, Activity Restrictions, Food Allergies, Medication Allergies, Insect Sting Allergies or other concerns: _____

In the event of an emergency contact _____ Phone _____

Permission for staff to administer first aid: _____

(Please sign and date)

1. Identify specific social skills or challenges in regulating emotions or behaviors that you believe are most important for your child to develop.
2. Describe briefly how your child communicates, particularly if he or she has delays or difficulties in spoken language.
3. What are your child's strengths?
4. What are your child's favorite activities, special interests, talents or hobbies?
5. Are there any behaviors, sensitivities or triggers that the group facilitators needs to know about in order to create a successful experience for your child?
6. Will your child need special accommodations or clear limitations when structuring sessions? If so, provide suggestions for addressing these behaviors.
7. Is your child able to participate in a group activity for a half hour without breaks?
8. What is the size group your child is accustomed to working in successfully?
9. Provide any information that will assist the group facilitator in structuring the sessions for the child's greatest success (e.g., visual schedules, short breaks every 15 minutes, behavior management suggestions).
10. Do you have additional comments, questions or special requests?