EA Psychology
Growing Better Together

Sibshops Intake Form

CLIENT INFORMATION

Client Last Name: _____ Client First Name: _____

Gender: _____ Age: _____ Client Birth Date: _____

Address: _____

Are parents together?

- ◯ YES
- ◯ NO

If not, what is the custody agreement?

FAMILY INFORMATION

Parent/Guardian #1 Last Name: _____

Parent/Guardian #1 First Name: _____

Email Address: _____ Phone Number: _____

Parent/Guardian #2 Last Name: _____

Parent/Guardian #2 First Name: _____

Email Address: _____ Phone Number: _____

REFERRAL SOURCE

Please provide a description of your family's support needs and any areas that you would like your child to receive supports in:

Additional Information (Mental Health, Medical Diagnosis/Conditions, Medications):

SIBSHOPS GROUP INTAKE

Sibshops provide a fun and supportive environment for siblings of children with disabilities. The sessions include recreational activities, discussions, and information sharing, aimed at helping participants develop coping strategies, resilience, and an understanding of their sibling's condition.

CONSENT FOR PARTICIPATION

By signing this form, I consent to my child's participation in the Sibshops group sessions at Elevated Abilities, with the following understandings:

PURPOSE AND GOALS

The purpose of Sibshops is to provide siblings of children with special needs a space to share experiences, learn coping strategies, and engage in recreational activities.

GROUP DYNAMICS

I understand that Sibshops involves group activities and discussions. The facilitators will encourage a supportive and respectful environment, but individual responses to group interactions may vary.

I understand that, one facilitator for the session will be a psychologist who will be present for a minimum of one hour to guide group discussions. Other activities (i.e., crafts, games, snack times) during the session may be led by other staff members under the supervision of the Sibshops certified facilitator.

CONFIDENTIALITY

Information shared in group sessions is confidential and should remain within the group. I understand that while I may ask my child general questions about the group, I may NOT ask specifics about group conversations or other group members.

In addition, Confidentiality may be broken under the following circumstances:

- If there is a risk of harm to self or others.
- If there is suspicion of abuse or neglect of a child or vulnerable individual.
- If a court of law requires disclosure.

SUPERVISION (IF APPLICABLE)

Some sessions may be facilitated by provisional psychologists or practicum counselling students under the supervision of a registered psychologist. I consent to the sharing of information with the supervising psychologist (Boris Lesar and/or Kathleen Boothman).

LENGTH AND FREQUENCY OF SESSIONS

Sessions will be held once a month and last approximately 2 hours.

BENEFITS AND RISKS

I understand that participation in group sessions can have benefits, including increased understanding and coping strategies. However, discussions may bring up sensitive topics that could be temporarily distressing.

WITHDRAWAL OF CONSENT

I understand that I may withdraw my child from the Sibshops group at any time with no fear of repercussions.

CONSENT FOR ONLINE SESSIONS

In case of online sessions, I acknowledge the potential risks, including technical issues and limitations to confidentiality. I agree to ensure a private setting for my child during these sessions.

EMERGENCY SITUATIONS

In the event of an emergency during a session, I consent to the facilitators taking appropriate action, which may include contacting emergency services or the provided emergency contact.

EMERGENCY CONTACT INFORMATION

Name: _____

Email: _____ Phone Number: _____

Relationship to Client: _____

CONSENT

I have read and understood the above information and consent to my child's participation in the Sibshops group sessions at Elevated Abilities.

Child's Name: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

This form ensures the ethical and legal standards of group therapy are met and helps provide a safe and supportive environment for all participants.

Please ensure all information is complete and accurate. If you have any questions or concerns, feel free to contact us at 1-833-GO-KIDDO or visit our website at www.elevatedabilities.ca.