Information Package and Application Form

ABA Little Tots Program

"If a child cannot learn in the way we teach ... we must teach in a way the child can learn."

Dr. O. Ivar Lovaas

Deadline to receive applications: February 14, 2025

Please send application to Janelle Ginter by:

1) **Completing the fillable form and attach and email to janelle.ginter@autismservices.ca or**
2) **Print off form, complete form, scan as pdf and attach to email to janelle.ginter@autismservices.ca.**

For office use only:

Date Received:	Date Reviewed:	Eligible: □ Yes □ No	Intake Meeting:

209 Fairmont Drive
Saskatoon, SK, S7M 5B8
Phone: 306-665-7013

Dear Parent or Guardian:

Thank you for your interest in the ABA Little Tots Program. The ABA Program is an early intensive behavioural intervention program that aims to improve the quality of life of young children with Autism. The effectiveness of ABA-based interventions has been demonstrated through over 50 years of research where it has shown long-lasting results. The program will provide one-on-one support and 20 hours of programming on a weekly basis. The intervention will be completely individualized to your child and will focus on the core deficits of Autism Spectrum Disorders.

Enclosed you will find information regarding ABA therapy, the ABA Little Tots program, admissions and selection criteria and an application form.

We will be hosting **mandatory** parent information sessions via an online video platform on the following dates:

Saturday, January 25th 1:00 to 2:30 pm

Tuesday, February 11th 7:00 to 8:30 pm

If you would like your child to be considered for the program, you **must** attend **one** of the information sessions listed above. Please contact **Janelle Ginter at least three (3) days in advance of the date you wish to attend at janelle.ginter@autismservices.ca** and let her know which session you plan to attend so the meeting link can be sent to you.

If you have any further questions, please feel free to contact Janelle Ginter. We appreciate your interest in the ABA Program and look forward to discussing this service with you,

Sincerely,

Janelle Ginter
Director of ABA Program
janelle.ginter@autismservices.ca

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Introduction

ABA (applied behaviour analysis) refers to a science that is devoted to the study of human behaviour. Early Intensive Behavioural Intervention (EIBI) is based on ABA and consists of treatment for children with Autism beginning between the ages of 18-48 months, with 20-40 hours of therapy per week. A balanced EIBI program has curriculum that is completely individualized to each child, run by a graduate-level board certified behaviour analyst, and targets behaviour management along with specific observable and measurable skills such as attending, imitation, language and communication, play, socialization, gross and fine motor skills, and self-help skills. Research has suggested that EIBI can lead to medium to large effects in regards to intellectual functioning, language development, acquisition of daily living skills and social functioning along with a better chance of integrating into school without additional supports and maintaining gains over long follow up periods.

Expectations of Parents/Guardians

1. Parental involvement is a critical element in a successful EIBI program. Parents are expected to:

    a. Provide five hours of therapy per week in addition to the hours being provided at the center.

    b. Attend scheduled meetings, workshops and training
        i. Clinical meetings are scheduled once every two weeks
        ii. Parent-training during home visits are scheduled once every two weeks
        iii. Workshops are scheduled once every month in the evening

    c. Arrange for transportation to and from the program

Note: Should you decide to place your child in a pre-school, pre-Kindergarten or Kindergarten program while they are enrolled in the ABA Little Tots Program; this may have an impact on eligibility and/or level of supports your child may receive from those other programs. Nonetheless, we encourage you to inform those resources that your child is attending the ABA Little Tots Program. We believe it is important that all the information is available to service providers to ensure all options are considered and decisions in the best interest of your child are made.

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Overview of ABA Program

Setting	Center-based *209 Fairmont Drive*
Start-Date	September 2, 2025
Duration	One - Two years (dependent on funding and individual progress)
Number of Children	Maximum of 12 spots, anticipating 6 will be open
Time	8:15-12:00 or 12:35 – 4:20
Intensity	23.75 hours per week (18.75 hours with a behavior therapist, 5 hours with a parent or guardian)
Staff	1. Program Director (supervision and development of EIBI programming) 2. Senior Therapist (parent training and supervision of staff) 3. Behaviour Therapists (one-on-one therapy)

Selection Criteria/Eligibility

Age	Between 18 months – 4 years of age (48 months or younger as of Sept.1, 2025)
Diagnosis	Autism Spectrum Disorder or suspected Autism Spectrum Disorder
Residence	Saskatoon and Area

Selection Process

1. Application Review
2. Eligibility Screening
3. Initial Contact with Family
4. Assessments
5. Admissions Committee
6. Consent Meeting

**Applications must be received by the deadline*

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FREQUENTLY ASKED QUESTIONS

1. What if my child does not have a diagnosis of Autism? Can we still apply?

Yes – if your child does not have a diagnosis but is suspected of having Autism, you can still apply. If your child is chosen for the program, a conditional acceptance will be granted and they will need to go through a diagnostic assessment with a psychologist – funded by Autism Services.

2. What if I cannot commit to providing five hours of additional therapy a week?

If you cannot commit to providing five hours of additional therapy a week, this program may not be the best fit for your child and family. Autism Services has other programs that are offered that do not have this requirement and a referral will be made to the most appropriate service.

3. I can only make it for 8:30 as I have to drop my other kids off at school. Can my child start therapy at that time instead of 8:15?

Our schedule does not allow for variances to the times for pick-up and drop-off and is highly dependent on the timely arrival and departure of children. We are unable to make individual accommodations to the schedule. The timings are set at 8:15– 12:00 or 12:35-4:20.

4. **I have more questions regarding the program. Where can I get some more information?**

We invite you to attend our information sessions to learn more about the program. Information sessions are mandatory. Specific questions regarding the selection and admissions process, ABA therapy and so forth will be answered during this time. You will also have the opportunity to ask parents who have had their child enrolled in the program specific questions.

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Additional Information/Resources on ABA-based interventions

1. A Parent's Guide to Applied Behavior Analysis – Autism Speaks https://www.autismspeaks.org/science/resources-programs/autism-treatment-network/atn-air-p-applied-behavior-analysis

2. Association for Science in Autism Treatment: www.asatonline.org

3. Cohen, H., Amerine-Dickens, M., & Smith, T. (2006). Early intensive behavioral treatment: Replication of the UCLA Model in a community setting. Journal of Developmental and Behavioral Pediatrics, 27, S145-S155.

4. Diggle, T., McConachie, H. R., & Randle, V. T. (2003). Parent-mediated early intervention for young children with autism spectrum disorder [Electronic Version]. The Cochrane Database of Systematic Reviews. Accessed September 8, 2006, at http://gateway.ut.ovid.com/gw1/ovidweb.cgi.

5. Howard, J. S., Sparkman, C. R., Cohen, H. G., Green, G., & Stanislaw, H.(2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. Research in Developmental Disabilities, 26, 359-383.

6. Klintwall, L, & Eikeseth, S. (2014). Early and intensive behavioral intervention (EIBI) in Autism. *Comprehensive Guide to Autism,* 117-137.

7. Lovaas, O. I. (1987).Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of Consulting and Clinical Psychology, 55, 3-9.

8. Odom, S.L. Brown, W.H., Frey, T., Karasu, N., Smith-Canter, L.L., & Strain, P.S. (2003). Evidence-based practices for young children with autism: Contributions for single-subject design research, Focus of Autism and Other Developmental Disabilities, 18, 166-175.

9. Sallows, G.O., Graupner, T.D. (2005). Intensive behavioral treatment for children with autism: Four-year outcome and predictors. American Journal on Mental Retardation, 110, 417-438.

10. Virues-Ortega, J. (2010). Applied behavior analytic intervention for autism in early childhood: Meta-analysis, meta-regression and dose-response meta-analysis of multiple outcomes. Clinical Psychology Review. 30*(4), 387-399.*

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ABA PROGRAM APPLICATION FORM

Please submit the Application Form to Autism Services (addressed to Janelle Ginter)

Child Information

Name (First, Middle, Last)	
Nickname	
Date of Birth (dd/mm/yy)	
Current Age (years/mths)	
Gender	◯ Male ◯ Female ◯ Other

Parents or Guardians

Guardian's Name (First, Last)			
Home Address:			
Phone Numbers:	Home:	Work:	Cell:
Email address:			
Employer:			
Occupation:			

Custodial Parent: ◯ Yes ◯ No

Guardian's Name (First, Last)			
Home Address:			
Phone Numbers:	Home:	Work:	Cell:
Email address:			
Employer:			
Occupation:			

Custodial Parent: ◯ Yes ◯ No

Parents Relationship: ◯ Married ◯ Common Law ◯ Separated ◯ Divorced ◯ Widowed ◯ Single

Please Note: In the case of Joint Custody, both parents must sign at the end of this document. In the case of sole custody, please provide documentation to show evidence of this. Only the parent with sole custody is required to sign at the end of this document.

Medical Information

Doctor's Name (First, Last)	
Health Number	
Diagnosis (Is your child diagnosed with an ASD?)	Diagnosis: ☐ Date of Diagnosis: ☐ Professional who made the diagnosis: ☐ ***Please provide a photocopy of confirmation of diagnosis**
Other medical concerns/diagnosis	
Medications being taken (Which medication is your child currently taking?):	

Vitamins being taken (Which vitamins is your child currently taking?):	
Special Diet (Is your child on any special diet?):	
Allergies (Does your child have any allergies?):	
Immunizations (Are the child's immunizations up to date?)	

Current Services

Service	Current	Professional Involved (include Name, Agency, Phone #)	Consent to contact professional
Behavior Therapy (ABA)	○ Yes ○ No		○ Yes ○ No
Speech Therapy	○ Yes ○ No		○ Yes ○ No
Occupational Therapy	○ Yes ○ No		○ Yes ○ No
Autism Services	○ Yes ○ No		○ Yes ○ No
Autism Intervention Program (Autism Services)	○ Yes ○ No		○ Yes ○ No
ECIP	○ Yes ○ No		○ Yes ○ No
Psychologist	○ Yes ○ No		○ Yes ○ No
Daycare	○ Yes ○ No		○ Yes ○ No
Other (specify):	○ Yes ○ No		○ Yes ○ No

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Languages

What are the primary languages spoken at home?

_____

Availability

**Please check off which time would be ideal for your child to participate in this program.*

- ◯ 8:15 – 12:00
- ◯ 12:35– 4:20
- ◯ Either

Signatures:

Signature	
Guardian's Name (First,Last):	
Date:	
Signature	
Guardian's Name (First, Last):	
Date:	

Parent Information Meeting

* Please check off which zoom meeting you would like to attend

- ◯ Sat, Jan 25(1 pm)
- ◯ Tues, Feb 11 (7pm)

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Questions: