

Skills and Thrills Referral

Forensic Adolescent Program

- 1. Complete the Forensic Adolescent Program Referral
- 2. Complete the Skills and Thrills Referral

Fax completed referrals to 403.297.7790

Clients must meet the following criteria to be considered for the Skills and Thrills program:

- Male
- Between the ages of 12-18
- Has a diagnosis that suggests they can benefit from insight-oriented counselling
- Moderate to High risk level for recidivism as measured by Youth Level of Service (YLS) or Youth Assessment Screen Instrument (YASI)
- Able to transport self to and from Village Square Leisure Centre
- Able to commit to entire 3 month program

Client Information							
Last Name		F	First Name				
Date of Birth (yyyy-Mon-dd)		Age	Gender	☐ Male ☐ Female	PHN		
Address		City/Town			Province	Postal Code	
Phone Number	Parent/Gu	uardian Name					
Referral Information							
Youth Assessment Screening	Instrument	(YASI) (Please	attach YAS	SI circle)			
Based on YASI overall Score, ☐ Low Risk ☐ Moderate Risk ☐ High Risk	this client is	S					
Full-Scale IQ (if available)							
Please explain why you think y	our client i	is appropriate fo	or this prog	ram			
Has your client been charged ☐ No ☐ Yes, If Yes Have they been ☐ No ☐ Yes Provide	assessed f		erral				

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Social Skills Screen

Read through each statement and check the answer that best describes **how often** your client demonstrates these skills.

	Not at All	Sometimes	Often	Always
Gets along with other adolescents				
Says "please" when asking for things				
Makes friends easily				
Takes turns when talking with others				
Asks others to do things with them				
Looks at people when talking to them				
Meets and greets new people without prompting				
Is polite when speaking with others				
Plays games with others				
Smiles or waves at people				
Asks to join others when they are doing things				
Says "thank you" when somone helps them				
Tries to make new friends				
				-

Social Skills Screen is adapted using material from the Social Skills Improvement System (SSIS) Rating Scale 2008 NCS Pearson, Inc.

Referral Source					
Last Name	FirstName	Date of Referral (yyyy-Mon-dd)			
Agency	Phone Number	Fax Number			
Address	City/Town	Province	Postal Code		

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