



ASD

Support & Education

Enrolment Package for the parents and Guardians

Last updated 01 January 2023

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AGREED RATES FOR ASD SUPPORT & EDUCATION SERVICES

ASD Program Rates:

MON-FRI	\$70 ph.
TRAVEL FEE	\$35.00
BULK BILLING FOR 12 WEEKS	REQUEST QUOTE
NOTE TAKING/ DOCUMENTATION	\$70 ph. INDIVIDUALLY CALCULATED
ANNUAL PROGRESS REPORT	\$220 FLAT RATE

SATURDAY	\$80 ph.
TRAVEL FEE	\$40.00
SUNDAY	\$100 ph.
TRAVEL FEE	\$50.00
PUBLIC HOLIDAY	\$120 ph.
TRAVEL FEE	\$60.00
MEETINGS REQUESTED BY PARENT	AS ABOVE

AGREED RATES FOR ASD SUPPORT & EDUCATION SERVICES

Please tick applicable rate(s) you agree to.

☒ **Social and Emotional Program Rates:**

Benefits / breakdown within hourly rate:

Participant Benefits:

- A Social and Emotional Program implemented by a qualified educator which runs for 12 weeks at a time with the goal/aim for completion of the Program at 52 weeks when commencing 2x hour sessions, per week.
- **NO CHARGE** first initial consult
- **NO CHARGE** for phone calls/ messaging /emails to parents/guardians of the participants other Service Providers/ Educators throughout offering the service within opening hours 7am-6pm
- **NO CHARGE** for requested quotes
- The participant has access to equipment/ resources / visuals and MORE within sessions when implementing the program.
- Total flexibility for the participant to end services at any time, with no lock-in contracts
- Ability to request a bulk bill option

Pricing Breakdown/Justification for hourly rate:

- Included price to allow time for developing Service Agreements and updating Enrolment Packages
- Included price to allow for costs for office supplies and expenses
- Included price to allow for costs associated with staff to stay current by regularly updating licensing/clearances and training certificates.
- Included price to allow for costs associated with Business Insurance
- Included price to allow for costs associated accounting/ managing a business
- Included price to allow for costs associated with buying/updating resources/equipment/visuals.
- Included price to allow time for creating invoices and all financial administration
- Included price to allow time for making participant bookings/service times/session changes/rescheduling.
- Included price to allow time for reading reports
- Included price to allow time for lesson planning and preparation
- Included price to allow time for ongoing NDIS plan monitoring
- Included price to allow time for ongoing NDIS Price Guide monitoring.
- Included price to allow for marketing/social media/advertising costs

AGREED RATES FOR ASD SUPPORT & EDUCATION SERVICES

☐ Documentation Rates (OPTIONAL)

NOT inclusive within hourly rate

Benefits / breakdown of Travel Expenses:

Participant Benefits:

- Documented note taking/ observational writing/ documented lesson planning about the client's progress with skill development in session.

Pricing Breakdown/Justification for hourly rate:

- Additional cost for the time documenting detailed session outlines notes.

☒ Travel Expenses / Provider Travel Cost (30 minutes of time) & Non-Labour Costs (97cents per KM)

NOT inclusive within hourly rate

Benefits / breakdown of Travel Expenses:

Participant Benefits:

- Travelling a participant to a planned experience or travelling to a participant to facilitate social and emotional skill teaching and individual development.

Pricing Breakdown/Justification for hourly rate:

- Included price to allow for return trip travelling to a participant/meeting to place of business.
- Included price to allow for a return trip from a participant to another destination
- Included price to allow for petrol costs
- Included price to allow for depreciation of the car
- Included price to allow for costs associated with car insurance
- Included price to allow for costs associated with car registration
- Included price to allow for costs associated with car service, cleaning, and maintenance
- Included price to allow for costs to repair or replace damages from general wear and tear

AGREED RATES FOR ASD SUPPORT & EDUCATION SERVICES

☒ Travel Expenses Non-Labour Costs

NOT inclusive within hourly rate

Benefits / Additional Travel Expenses:

Participant Benefits:

- Travelling a participant to a planned experience or travelling to a participant to facilitate social and emotional skill teaching and individual development.
- NDIS Claimable Travel Expenses

Travel Expenses that can be claimed through NDIS under Non-Labour Costs:

- Parking fees
- Road tolls
- Public Transport fares

☐ TICK TO AGREE YOU HAVE READ THE ACKNOWLEDGEMENT

Acknowledgement:

- All food and drink are at the family's expense.
- Entry fees and all other planned experience/community participation costs are at the family's expense as of 01/07/2022.

By signing this document, you are acknowledging and agreeing to accept the above (ticked) rates for services provided by ASD Support & Education.

Parents Name: _____

Date: _____

Parents Signature: _____

ASD Program Contents

Please tick the following you would like your child to develop in.

Understanding another person's perspective	
Gaining a 'filter'	
How to give compliments	
Understanding and showing kindness	
Understanding and showing empathy	
Understanding the basics of creating and maintaining friendships	
Understanding personal space	
Understanding how to self-reflect	
Understanding feelings and emotions	
Understanding how to independently solve conflict	
Reading body language and facial expressions	
Learning strategies to cope with anxiety and/or worry	
Learning strategies to self-regulate with the 5 Point Scale	
Learning strategies to regulate anger and frustration	
Learning strategies to cope with shame and embarrassment	
Learning interoceptive awareness skills for emotional regulation	
Learning strategies to accept "No" as a response	

ASD Program Contents

Please tick the following you would like your child to develop in.

Learning to accept responsibility and accountability	
Understanding the A and B choice strategy - teaching right from wrong and natural consequences	
Understanding safe body awareness- Going through "only for me" book- empowering children against sexual assault	
Understanding Autism	
Learning strategies to gain and promote self-confidence and self-worth	
Learning strategies to cope with Grief and Loss	
Understanding Relationships (appropriate for children 10-12 years of age)	
Understanding and developing healthy strategies when wanting to control or take over a situation	

Parent Homework

Below are some questions I would love you to fill in about your child. I look forward to working with you this year.

Child's Name: _____

What are your child's strengths?

Do you have any concerns about your child's progress?

Is there anything you would like me to know about your child academically?

Is there anything you would like to me know about your child socially?

Do you have any goals in mind for your child this year?

Is there anything else you think I should know?



ASD

Support & Education

ABN 162 939 785 70

Largs Bay, Adelaide SA 5016

Describing your child

Please check all of the following characteristics that best describe your child:

- | | |
|--|---|
| <input type="radio"/> Usually cooperative | <input type="radio"/> Overly Sensitive |
| <input type="radio"/> Shy | <input type="radio"/> Continuously tired |
| <input type="radio"/> Daydreams | <input type="radio"/> Overactive Frequently |
| <input type="radio"/> Nervous, tense | <input type="radio"/> angry |
| <input type="radio"/> Has numerous fears | <input type="radio"/> Quarrelsome |
| <input type="radio"/> A leader | <input type="radio"/> Sad or depressed |
| <input type="radio"/> A follower | <input type="radio"/> Impulsive Destructive |
| <input type="radio"/> Usually calm | <input type="radio"/> Poor self-image |
| <input type="radio"/> Demands attention | <input type="radio"/> Temper outbursts |
| <input type="radio"/> Often preoccupied | <input type="radio"/> Positive self-image |
| <input type="radio"/> Prone to crying | <input type="radio"/> Lies Frequently |
| <input type="radio"/> Usually honest | <input type="radio"/> Defiant |
| <input type="radio"/> Sympathetic to others | <input type="radio"/> Respects rights of others |
| <input type="radio"/> Good work habits | <input type="radio"/> Complains of illness |
| <input type="radio"/> Has many friends | <input type="radio"/> Afraid of authority |
| <input type="radio"/> Often teased by others | <input type="radio"/> Worries often |
| <input type="radio"/> Relates well to peers | <input type="radio"/> Problem with bedwetting |
| <input type="radio"/> Poor concentration | <input type="radio"/> Distractible |
| <input type="radio"/> Affectionate | <input type="radio"/> Steals |
| <input type="radio"/> Confident | |
| <input type="radio"/> Easily frustrated | |



ASD

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Emergency Contact and Medical Information for a Child

Child's Name		Date of Birth		M	F
				Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

Alternate Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Allergies/Special Health Conditions (Please specify on next page)

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of an accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date

[illegible]

[illegible]



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Information Sharing

I give *ASD Support & Education* consent to receive and share information about my child from and to: (Please Tick)

☐ **School Leadership, Teachers, and Educators**

☐ **Other Therapist(s)**

☐ **Speech**

Contact:

☐ **OT**

Contact:

☐ **Counsellor/Psychologist**

Contact:

☐☐☐☐

☐ **I DON'T give *ASD Support & Education* consent to share information about my child**

Parent's/Guardian's Signature

Date



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Largs Bay, Adelaide SA 5016

NDIS NUMBER: _____

Email Address: _____

The provided email address is for communicational purposes only. This email will receive Reports of their child, invoices from ASD Support & Education and evidence of the child's learning. This email will not subscribe to any junk mail.

Please tick what is applicable to you in regards to managing your child's NDIS funds.

Independently Managed

☐

Plan Managed

☐

Agency Managed

☐

MEDIA CONSENT FORM



ASD
Support & Education

ABN 162 939 785 70

Largs Bay SA 5016

Media & Communication Release: I authorise and consent to **ASD**

Support and Education to take and use any of my child's work, photographs, video or sound recordings (of my child) and any other reproductions or adaptations of my child's likeness ('the material'), either in full or part, in conjunction with any wording or drawings. I give permission to **ASD Support and Education** to publish any information about my child and their work/progress to the ASD Support and Education Facebook Page.

I acknowledge and agree that my child's name will be changed to protect the identity of the child. I will be able to proof read any post about my child before the post is made. I am able to change, reword, add to and discard any language/ pictures or text I don't want posted about my child.

I understand this material may be used for the purposes of advertising, promotion, media publicity, publication, display or internet usage on the **ASD Support and Education** Facebook Page.

I understand that I, or my child, do not have any interest in the copyright to the material nor shall we receive any payment.

(Please tick your preference of choice)

Authorisation: ☐ I DO ☐ I DO NOT

authorise **ASD Support and Education** to take actions as indicated above and consent to photographic materials of my child being released on social media. I agree by signing this document that I have **legal guardianship** over the child and I can legally make this authorisation.

Child's Full Name: _____

Full name of Parent(s)/Guardian(s):

Parent/Guardian's signatures:

Date: _____

Acknowledgement of Terms and Conditions

Please note: the use of word 'child' includes children.

Child and family information disclosure

1.1 Parents/ Legal Guardians acknowledge and agree to disclose all relevant information about their child in writing to ASD Support & Education, including but not limited to the following: **(Please tick what is applicable)**

- ☐ If the family are under any threat
- ☐ If any Court Orders are in place in relation to the child
- ☐ Religious or dietary restrictions
- ☐ Child medical history/ Immunisation history
- ☐ Child Asthma/Anaphylaxis/Health Conditions Care Plans have been electronically supplied
- ☐ Child allergies and/or anaphylaxis
- ☐ Child previous/current mental/physical health conditions (of any concern even if undiagnosed)
- ☐ If Child has had any criminal history/ violent history
- ☐ Child triggers
- ☐ Child diagnoses
- ☐ Child use of medications
- ☐ Who have the legal guardianship over the child
- ☐ Emergency contact details
- ☐ If the child travel with a car seat
- ☐ Difficulties or challenges when travelling in a car
- ☐ **Parents/ Legal Guardians acknowledge and understand if they do not disclose this information in writing where a copy can be kept by ASD Support & Education on their behalf, then disclosure for the purposes of these Terms and Conditions will be deemed to have not occurred**

Acknowledgement of Terms and Conditions

Cancellations

- 1.2 Provided Parents/Legal Guardians give ASD Support & Education or its employees and agents at least **6 hours prior** notice of the cancellation of an appointment/booking, there will be no cancellation fees or repercussions.
- 1.3 Parents/Legal Guardians acknowledge and agree that an automatic cancellation will occur if their child presents at an ASD Support & Education appointment/booking with a contagious virus/illness or displays symptoms of a contagious virus/illness.
- 1.4 Parents/Legal Guardians acknowledge and agree that failing to successfully notify ASD Support & Education or its employees and agents about a cancellation or illness 6 hours **before** commencement of the session will result in charging the full amount for the booked session and the travel cost to get to the destination.
- 1.5 Parents/Legal Guardians acknowledge and agree appointments/bookings can be cancelled by ASD Support & Education at any given time without any repercussions if ASD Support & Education or its employees and agents successfully notify parents/legal guardians **before** the session commences.
- 1.6 Parents/Legal Guardians acknowledge that an automatic cancellation will occur when the forecast temperature is over **37 degrees celsius** on the day of their booked session unless there is an accessible air-conditioned room.
- 1.7 Parents/Legal Guardians acknowledge and agree that if the relevant ASD Support & Education employees or agent display symptoms of a contagious virus/illness, the session will be automatically cancelled, notification of which will be given **before** commencement of the session with the option to reschedule.
- 1.8 Parents/Legal Guardians acknowledge that permanent bookings are not secured on public holidays or during school holidays. Parents acknowledge that to secure a session during this time, an additional booking is required.

Damaged/Lost or Stolen business property/resources

- 1.9 Parents/ Legal Guardians acknowledge and agree to be financially responsible for any damage to ASD Support and Education's property and resources caused in any way by their child.

ASD Support & Education's property and resources include but are not limited to:

Business Ipad/ Ipad Case/ Apple Pencil

Social and emotional games/resources

Academic games/resources

2019 Toyota Corolla, Hybrid Vehicle, (Registration Plate S400 CDN)

X Cart.

Acknowledgement of Terms and Conditions

Rates and Fees

- 1.10** Parents/Legal Guardians acknowledge and understand that at any time, for any given reason ASD Support & Education's Services rates and fees can increase without prior notice to parents. ASD Support & Education will, however, use its best efforts to provide you with notice of fee increases.
- 1.11** Parents/Legal Guardians acknowledge and understand that Annual Progress Reports are not included within the hourly rate and will cost an additional \$220 flat rate fee if a report is requested.

Consequences for not paying the invoice date

- 1.12** Parents/ Legal Guardians acknowledge and agree to pay and take responsibility for payment of the ASD Support & Education's invoice for services rendered for their child, by the due date.
- 1.13** Late fee of \$100 will apply to an invoice overdue by 24 hours. The late fee of \$100 will reoccur if the invoice is not paid by the new invoice date.
- 1.14** Parents/ Legal Guardians acknowledge that a debt collector may be engaged recover overdue invoice amounts. If so, other penalties may apply.

Medical and financial responsibilities for parents/caregivers

- 1.15** Parents/ Legal Guardians acknowledge and agree that they are financially responsible for any medical costs incurred during the provision of services to their child by ASD Support & Education:
Ambulance costs for their child
All medical costs for their child
- 1.16** Parents/ Legal Guardians acknowledge and agree that they are financially responsible for any loss, damage or injury incurred by an employee or business owner of ASD Support & Education as a result of the actions of their child.
- 1.17** Parents/Legal Guardians acknowledge and agree to pay a cleaning fee of up to \$120 if their child has soiled ASD Support & Education's vehicle as it must be cleaned and deodorised before further use.

Acknowledgement of Terms and Conditions

Authorisation for medical treatment/ use of medication

- 1.18** Parents/Legal Guardians acknowledge and give authorisation to ASD Support & Education and its employees and agents, to administer medication to their child, in accordance with written instructions as provided by a medical practitioner for the child.
- 1.19** Parents/ Legal Guardians acknowledge and agree that ASD Support & Education and its employee's and agents will not under any circumstance administer any Panadol or any pain relievers that do not have the child's name labelled by a doctor on the medication, with a dosage amount.
- 1.20** Parents/Legal Guardians acknowledge and give authorisation to ASD Support & Education and its employees and agents to administer any first aid treatment if necessary, as prescribed by the parents/legal guardians directions provided under 1.1 above.

Planned experiences protocols

- 1.21** Parents/Legal Guardians acknowledge and agree to the following protocols when their child is engaging in a planned experience with ASD Support & Education or its employees and agents:
- In an event their child needs to use the toilet, ASD Support & Education or its employees and agents will only take the child to the disabled toilets and will wait outside whilst the child is in the toilet.
- In the event a child has soiled their clothes, ASD Support & Education or its employees and agents will help the child change their clothes in the disabled toilets.
- In an event of an Emergency, ASD Support & Education or its employees and agents will provide first aid until the arrival of an ambulance. ASD Support & Education or its employees and agents will notify the child's emergency contact of the incident once the child is in a protective and safe environment/care.
- All planned experiences will involve the use of the child travelling in an ASD Support & Education or its employees and agent's car.
- 1.22** Parents/Legal Guardians acknowledge and agree that ASD Support & Education or its employees and agents will maintain and upkeep the servicing of their car.
- 1.23** Parents/Legal Guardians acknowledge and agree they are responsible to supply the child's car seat to ASD Support & Education to use to take their child on a planned experience, if applicable.
- 1.24** Parents/Legal Guardians acknowledge and agree that under no circumstance ASD Support & Education or its employees and agents will travel to a planned experience with a child present via Public Transport.
- 1.25** Parents/Legal Guardians acknowledge and agree that they have made written disclosure in accordance with 1.1 above, as to whether their child experiences motion sickness or has any difficulties/challenges when travelling in a car.

Acknowledgement of Terms and Conditions

Child's Academic/ Social and Emotional Development and Success

- 1.26 Parents / Legal Guardians acknowledge and agree that success in their child's learning and development cannot always be measured and can likely change and be moulded throughout the use of ASD Support & Education's services.
- 1.27 Parents/ Legal Guardians acknowledge and agree that for a variety of reasons, their child may not achieve the academic, social or emotional developmental goals that are set, which may mean the goal needs to be adjusted or changed to meet the child's ability.
- 1.28 Parents/ Legal Guardians acknowledge and agree that the programs and learning experiences planned for their child may not be affective and may not lead to developmental success.
- 1.29 Parents/ Legal Guardians acknowledge and agree that all children have different abilities and different ways of learning at different paces.
- 1.30 Parents/ Legal Guardians acknowledge and agree if they are unhappy with the services provided by ASD Support & Education, they will consult the Director: Courtney Lawrie and organise a new goal for the child.

Liability

- 1.31 Parents/Legal Guardians hold ASD Support & Education and its employees and agents harmless from any action, claim, liability or loss in respect of the performance of the services for their child.
- 1.32 Parents/Legal Guardians understand and acknowledge that ASD Support & Education excludes all liability for any costs, expenses, losses and damages suffered by Parents/Legal Guardians, whether that liability arises in connection with the provision of services to their child by ASD Support & Education. Without limitation, ASD Support & Education will in no circumstances be liable for any indirect or consequential losses.

Legal Guardianship of the child

- 1.33 Parents/ Legal Guardians acknowledge and agree that they have the **Legal Guardianship of the child** and accept these terms and conditions by signing below where indicated.

Parents/ Legal Guardians understand they cannot sign this document if they do NOT have legal guardianship of the child, and that by signing this document they are representing that they DO have legal guardianship of the child.

Acknowledgement of Terms and Conditions



ABN 162 939 785 70
Largs Bay, Adelaide SA 5016

I have read and acknowledged all of the Terms and Conditions and I understand by signing this document, I am agreeing to all of the above statements.

State your full name/s

Signature/s

Date: