Transition Planning Booklet

For families, caregivers and professionals who work with and support an individual affected by Fetal Alcohol Spectrum Disorder (FASD).

Lakeland Centre for
FASD
Fetal Alcohol Spectrum Disorder

Table of Contents

Section Two

Section Three

Section Four

Appendix A

Appendix B

Introduction

The Lakeland Centre for Fetal Alcohol Spectrum Disorder (LCFASD) has created this booklet for families, caregivers and professionals who work with and support individuals affected by Fetal Alcohol Spectrum Disorder (FASD).

This booklet is divided into four sections: Importance of Transition Planning, The Transition Planning Process, Support Services and Regional Directory. We hope this booklet will provide information to assist you as you support an adolescent with FASD transition into adult services.

Although the transition planning information provided in this booklet is generalized information, the contact information for Government Services in section four is specific to the LCFASD service area in north-eastern Alberta.

What is Fetal Alcohol Spectrum Disorder?

Fetal Alcohol Spectrum Disorder is a lifelong disability that affects the brain and body of people who were exposed to alcohol in the womb. Each person with FASD has both strengths and challenges and will need special supports to help them succeed with many different parts of their daily lives. FASD is a serious health condition.

For more information, please contact:

The Lakeland Centre for Fetal Alcohol Spectrum Disorder
Box 479 Cold Lake, AB, T9M 1P1
T: 780-594-9905 F: 780-594-9907
Toll Free: 1-877-594-5454
www.lcfasd.com

Section One

What is Transition Planning?

What is Transition Planning?

Transition Planning refers to the process of planning for the future. It involves goal setting, creating a plan and determining what supports an individual may need as they transition from one phase of life to another. Transition Planning during the adolescent years is particularly helpful as it encourages young people to think about life after high school.

Many things occur during the adolescent years; for example, graduating from high school, getting a driver's license, or preparing for college. Although these are expectations that we have for all adolescents, they can be particularly difficult for those with FASD to attain as they involve organization, initiation, and time management skills. Adolescents with FASD require a supportive caregiver or advocate to help them successfully transition into adulthood by helping them create a plan that addresses their unique needs and goals.

Individuals with FASD require lifelong support.

Why is Transition Planning Necessary?

The transition between adolescence and adulthood can be very stressful for individuals with FASD and their families. There are a variety of things that must be determined; for example, does the individual:

- Need to finish high school?
- Want to attend a post-secondary institution?
- Require important documents such as a social insurance number?
- Need to move out of the home?
- Need to learn daily living skills to live independently?
- Require adult community or government supports?

As you can see, there are many things that must be determined during this transitional process. The Lakeland Centre for FASD recommends transition planning as it can help identify what supports an individual will need after they turn 18 years of age. Transition planning can also help identify the individual's strengths and interests and provide direction and guidance to the individual's support network. Although transition planning should begin around age 15, it is never too late to begin this process as it can help an individual at any age.

Key points to remember:

- Turning 18 does not mean the adolescent has become an independent adult.
- One cannot outgrow FASD.
- FASD is an invisible disability which may place unrealistic expectations on the adolescent.
- Adult services are unique to every individual with FASD.
- There is not one specific service that will meet the needs of all individuals with FASD. Each person will require their own plan and path to access the services they need.

The Team Approach

The Transition Planning process should consist of a team of adults from the individual's support network; for example, the adolescent's teacher, sports coach, social worker, etc. The team approach is recommended as each person can contribute valuable information to the individual's transition plan. Transition teams will vary in size; some adolescent's will have more supportive adults in their lives than others.

Role of the Transition Coordinator

The Transition Coordinator facilitates the transition planning process and writes the final transition plan. They gather information from the individual and their support network, help the individual identify a variety of short and long-term goals, areas of need and required community supports. At the Lakeland Centre for FASD, there is a Transition Coordinator on site; however, when there is not an identified transition person, a caregiver or other adult who knows the individual well can become the Transition Coordinator.

Role of the Caregiver/Parent in Transition Planning

The role of the caregiver or parent in the transition planning process is to provide helpful insight on the adolescent's strengths, abilities, interests and areas of need. The caregiver can also identify a variety of priorities and help the adolescent meet the identified goals. The caregiver may act as the Transition Coordinator if living in a rural community.

How is the Individual with FASD Included in the Transition Planning Process?

The individual with FASD is included in the transition planning process by spending time with the Transition Coordinator. The Transition Coordinator will ask a variety of questions to help the adolescent identify his or her strengths, interests, areas of need and future goals. The adolescent is also involved by creating a *personal story*; an individualized project of their choice that will be discussed in section two.

Because group meetings can be overwhelming for individuals with FASD, the adolescent should be included in the transition planning process after initial information is gathered from each team member. The Transition Coordinator can gather information from each team member individually or coordinate a group meeting on a day that is convenient for the team.

Individual's with FASD live in the moment and can have difficulty understanding the future. If the adolescent loses interest in the transition planning process, it can be helpful to remind them of the "big picture" and to seek their input regularly.

Timelines & FASD

Working with an individual who has FASD can be challenging at times because the individual's chronological age may differ from his or her developmental age. The following chart outlines how a young adult with FASD at age 18 can differ from his or her peer group:

An Individual with FASD at age 18:

Expressive Language _____ 20 years
Comprehension _____ 6 years
Money/Time Concepts _____ 8 years
Emotional Maturity _____ 6 years
Physical Maturity _____ 18 years
Reading Ability _____ 16 years
Social Skills _____ 7 years
Living Skills _____ 11 years

Adapted from Research findings of Streissguth, Clarren et al.

Roadblocks to Successful Transition Planning

- Not starting early enough or allowing enough time for planning.
- Unrealistic expectations.
- Failing to adequately address mental and physical health needs.
- Expecting steady, forward progress.
- Failing to identify key people to be involved in the process.
- Losing track of the common goal.
- Crisis events interrupt the planning process

Strategies for Success

- Start early and don't rush the transition planning process.
- Create realistic expectations.
- Consider the individual's health, physical, mental, emotional, and social needs.
- Be flexible, expect bumps in the road.
- Build a team- include adults who know the individual well and can provide valuable information.
- Stay focused on what is best for the individual.
- Remember that Individuals with FASD need structure, routine, and consistency.

Section Two

The Personal Story

What is a Personal Story?

The personal story is a helpful planning tool that allows the adolescent to be involved in the transition planning process without overwhelming them. It is a special project that the adolescent and Transition Coordinator can work on together that can help identify the individual's interests, strengths, areas of need, and priorities. It is best to start this process early as it can take time and should not be rushed. This project provides the client with autonomy over their own process which helps to engage them, build relationships, and maintain a positive attitude.

The Personal Story should be completed in a format that the individual is comfortable with. Possible formats include:

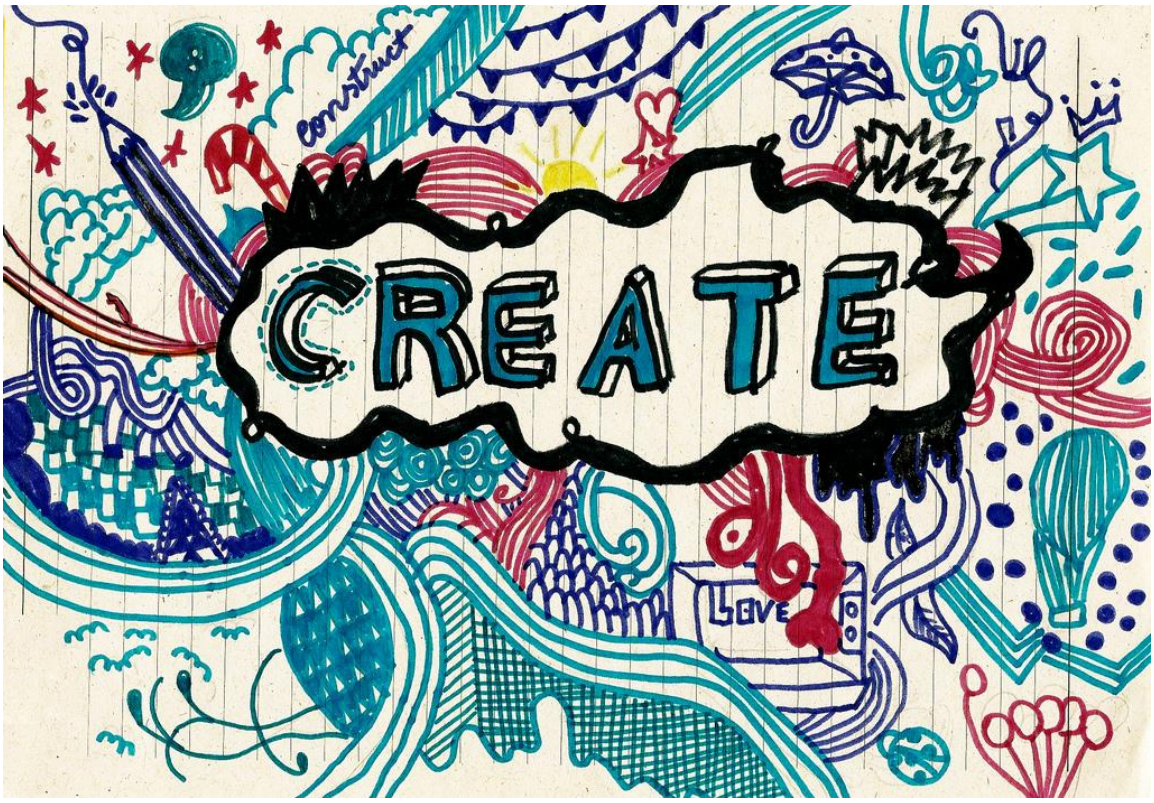
- Journaling
- Scrapbooking
- Movie or audio recording
- Collage or poster
- Story
- Power Point Presentation

Personal Story using the poster format

Who can Facilitate the Personal Story?

The designated Transition Coordinator is the ideal person to facilitate the personal story; however, it can be implemented by anyone from the transition team; for example, a teacher or social worker.

The Personal Story can also be added to a school curriculum to help all students build self-esteem, resilience, and goal setting skills. Encouraging adolescents to utilize their existing skills, such as drawing or photography, is recommended as they will be more likely to participate. Please note that this process could take time and multiple sessions to complete.



Key Points of the Personal Story

- Should be strength focused and positive.
- Should help the individual understand their abilities and areas of need.
- Should help the individual develop self-confidence.
- Should help others understand the needs and strengths of the individual.
- Should always be continually developed.
- Information gathered can be turned into a scrap book.
- The individual or their caregiver can keep this story and share it as needed.

Questions to ask the Youth

Note: these questions may have to be made more specific to assist the individual

- What should people know about you?
- What do you like to do?
- What are you good at?
- What do you need help with?
- What would you like to do after high school?
- What are some of your favorite things?

Section Three

The LCFASD Transition Planning Process

The LCFASD Transition Planning Process

This section will explore the transition planning process that is utilized by the Lakeland Centre for FASD. The Transition Planning process contains 6 phases:

Phase 1: Determining level of youth stability.

Phase 2: Team formation and identification of priorities.

Phase 3: Collection of information to determine interests, strengths, future goals and areas of need.

Phase 4: Creating the individual and family profile.

Phase 5: The planning day.

Phase 6: Writing the transition plan – putting all the information together.

Phase 1: Determining Stability

Before you begin gathering information and forming a team, it is recommended that the Transition Coordinator determine if the individual is ready for transition planning. Transition planning is not recommended if the individual is going through a personal crisis as it can be difficult for a person with FASD to see beyond their crisis. Once the adolescent has overcome their crisis, transition planning can begin.

The Lakeland Centre for FASD also recommends for the individual to be in a long term, supportive placement with a minimum of one supportive adult who is committed to helping the individual create a transition plan and meet the specified goals.

For individuals who require urgent assistance with transition planning; a short-term plan can be created and revised once stability is obtained.

Things to consider:

- How old is the adolescent or young adult?
- Are they interested in transition planning?
- Do they require urgent transition planning assistance?
- Are they experiencing a personal crisis?
- How many people are available to form a transition team?
- Is the individual living in a stable, long term placement?

Phase 2: Building the Transition Team

The transition planning process should consist of a team of adults from the adolescent's support network who know the individual well; for example, the adolescent's teacher, sports coach, social worker, etc. The team approach is recommended as each person can contribute valuable information to the individual's transition plan.

Possible Team Members:

- Parents/Caregiver
- Teacher(s)
- Social Worker (if child is in care)
- Counsellor or therapist
- Family Supports to Children with Disabilities (FSCD) Worker
- Extended Family
- Family friends who know the individual well
- Community support worker
- Respite Caregivers
- Sports Coach/Club leader who knows the individual well
- Clergy
- Employer
- Future service providers such as AISH, PDD, etc.

Phase 3: Collecting Information

To create a transition plan, information is required from the adolescent and their support network. Information to be collected include:

- The Personal Story
- Information from the support network and adolescent
- Previous educational or neuropsychological assessment results
- Report cards
- Medical history

This information is important as it is used to identify the youth's strengths, interests, areas of need and priorities. Possible priorities include:

- Income supports, such as Alberta Income for the Severely handicap (AISH) or Albert income Support
- Guardianship or Trusteeship
- Post-Secondary Education
- Life skills
- Social skills
- Employment
- Housing
- Adult Services such as Persons with Developmental Disabilities (PDD)

The information that is gathered is analyzed for:

- Consistency
- Strengths
- Interests

- Recurrent themes

See *Appendix B* for information gathering forms.

Phase 4: Creating the Individual and Family Profile

The individual profile summarizes the adolescent's strengths, interests, areas of need and future goals.

- Abilities – what are they capable of doing?
- Interests- what do they like to do?
- Strengths – which areas are they especially proficient?
- Needs – what supports do they need?
- Any reoccurring wants – wants over a long period of time.
- Diagnosis & previous testing – what has the adolescent been diagnosed with?
- Health conditions – Does the adolescent require environmental accommodations or experience a mental health issue?
- Required level of support for independent living.

Consideration should also be given to each of the following areas:

- Education
- Family cohesion
- Physical health
- Mental health
- Recreation
- Social functioning
- Income and finances

- Daily Living Skills
- Housing needs
- Employment
- Spirituality
- Culture

The family profile is created by determining the family's dreams and hopes for the adolescent's future; for example*: "We want Johnny to live independently in our town, so we can keep an eye out for problems."*

Questions for the family to consider about the adolescent:

- What are their strengths and skills?
- What are their interests?
- What are their achievements?
- What are some positive interactions that they have experienced?
- What level of support can I provide? (Daily, weekly, monthly)
- What are some things that I can do to help the individual meet his or her goals?
- What are some realistic possibilities for the future?
- What are some concerns about the future?
- What are their dreams for their son or daughter?

Family and friends that are farther away can be asked to write a letter to answer these questions. These letters can be very meaningful and concrete to the individual.

Phase 5: The Planning Day

A planning day can be scheduled when the Transition Coordinator has collected all the information from the adolescent and their support network. The purpose of the planning day is to bring everyone from the transition team together to determine:

- The adolescent's short and long-term goals
- Steps needed to achieve the goals
- Supports available to help the adolescent achieve the goals
- A realistic timeline to complete the goals

Questions to consider:

- Does the individual require help to make day to day decisions or just the big ones such as health and legal matters? Check the options with the Office of the Public Guardian.
- Does the individual need help with handling their finances?
- Does the plan address a crisis management plan?
- Does the plan consider life skills programming?

If there is a disagreement between the individual's goal and the family's goal, both parties should work together to create an alternative goal. For example, if the individual would like to become a veterinarian but the family views this goal as unattainable, an alternative goal could be for the individual to volunteer at the local animal shelter or enrolling in a veterinary assistant program.

The following page shows an example of a long-term goal.

Goal	Task	Responsibility	Timeline
Attend a transitional vocational program	Determine post-secondary institutions that offer this program.	Karen to research schools in the area on Christopher's behalf.	October 1- 31
	Book an appointment with the school's admissions department	Mary to book appointment and attend meeting with Christopher.	November 1 – 15
	Determine financing and application requirements	Mary to learn about application requirements at the meeting. Karen to research financing options.	November 1 - 30
	Apply to program	Rodger to help Christopher fill and submit application.	January 1 - 30

Phase 6: Writing the Transition Plan

Now that the transition team has determined the individual's short and long-term goals, tasks, support network and timeline, the Transition Coordinator can write the transition plan. The transition plan should include the following information:

- The adolescent's history or background information
- Strengths and interests
- Special considerations
- Goals and plan of action
- Support network
- The Personal Story

Adolescent's History or background information

The Transition Coordinator will develop a summary of the adolescent's history that may be helpful for supports who read the transition plan in the future. This section should include information that explains why the youth is experiencing some of his or her unique challenges.

Strengths and Interests

The Transition Coordinator will create a summary that highlights the adolescent's unique strengths and interests. When a service provider understands the youth's interests, aspirations, and areas of need, they will be in a better position to help the individual.

Special considerations

Special consideration should be documented in the following areas:

- Education
- Family cohesion
- Physical health

- Mental health
- Recreation
- Social functioning
- Income and finances
- Daily Living Skills
- Housing needs
- Employment
- Spirituality
- Culture

Goals and plan of action

This section includes a list of short and long-term goals, the tasks required to complete the goals, the supports who are available to help the adolescent and a timeline to complete the goals.

Support Network

Include a section that outlines the individual's support network and their contact information.

The Personal Story

The youth's personal story can also be added to the transition plan, if applicable.

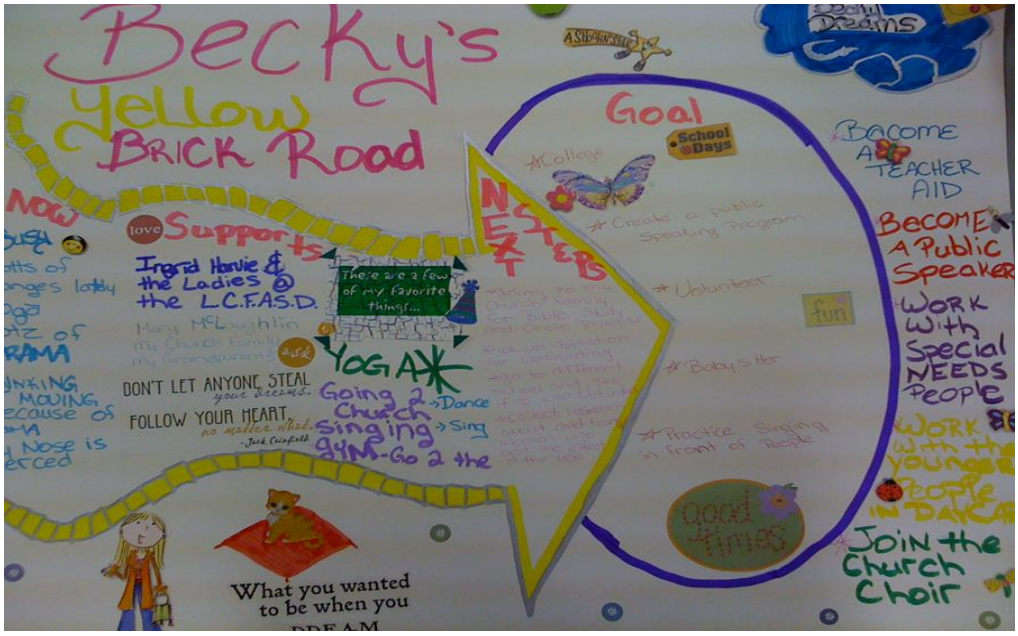
Tips:

- Record your process- There will be many bumps in the planning road. Goals will be tossed, and new ones will be developed.
- The Transition Team can meet as often as required.
- Assign someone to take minutes at the meetings so actions are not forgotten.
- Know that the Transition Planning process can take time and end abruptly if crisis arises.

Success Story

Bobby always had an interest in heavy-duty mechanics. He loved working with his hands and had a natural talent for taking things apart and putting them back together again. When Bobby reached the high school years, he was fortunate to take some heavy-duty mechanic courses that reinforced his interest. Although Bobby's family knew this was one of his strengths; they were nervous as they knew he would have to move away from home and his support network to pursue further education.

When Bobby was accepted into the Pre-Employment Heavy-Duty Mechanic Program at a regional Collage, the Lakeland Centre for FASD offered support to the family by developing a transition plan for Bobby that focused on teaching independent living skills and creating a support network in his new community. This Transition Plan gave comfort to Bobby's family as it clearly outlined things that needed to be accomplished before he left his home and community. The transition plan provided the family with organization and structure during a very stressful time.



Example of a Personal Story using the poster format

Section Four

Enlisting Support

Documentation

The following documentation should be gathered, organized, photocopied if necessary and filed in a safe place:

- Identification (SIN, Alberta Health Card, Driver's Licence, etc.,)
- Medical History (diagnostic report, verification of need for medications, special diet and/or on-going services)
- List of service provider names and contact information (doctors, school, employment)
- School Records
- Psychological Assessments
- Employment Records
- Verification of income (most recent Income Tax Assessment, pay stubs, income assistance, parental support)
- List of strengths (what is this individual good at)
- List of deficits (what does this individual struggle with – learning, behavioural, emotional difficulties)
- Support network contact information (names and numbers for caregivers and advocates)

This information should be kept in a safe place and be updated annually. This information will be needed if the individual requires adult Government services.

Where to Get Help

The following is a list of services available in the Lakeland service area. Many listed services are specific to people with disabilities, but not necessarily developed for individuals with FASD. You will need to discover the specific criteria for each service and ask questions that deal with your situation.
We have tried to provide an overview of the mandates of the services to assist you; however, they are not complete and may require additional clarification. The information provided below represents the Lakeland Centre for FASD's understanding of the services offered by the various organizations.

Supports for Children, Youth and Families

1. Child and Family Services (CFS)

CFS offers a range of services and programs for children, parents, and families. CFS programming focuses on enabling parents to provide a safe and nurturing environment for their children. Programs aim to break the cycle of family violence, abuse and poverty that prevent some children from becoming strong, sound individuals.

For adolescents in foster care, CFS provides the *Advancing Futures Bursary* under the *Child Youth & Family Enhancement Act* which allow services to continue for qualifying adolescents until the age of 24. Any support or financial assistance must achieve the identified objectives of the *Transition to Independence Plan.*

The *Transition to Independence Plan* will address the transitional needs of youth and young adults. Youth will be accountable to follow through with the goals and tasks identified on their 'plan for independence'.

Individuals with FASD will need assistance to meet these goals and tasks.

2. Family Support for Children with Disabilities (FSCD*)*

FSCD is a reimbursement program that provides a range of proactive and family centred services to families who have a child with a diagnosed disability or to families who are awaiting confirmation of their child's diagnosis. FSCD provides information, referral services and advocacy support and offers child focused services such as respite care, aide supports, child care supports, health related supports and specialized supports for children with severe disabilities. FSCD may be able to assist with planning for adult services.

3. Alberta Supports

Alberta Supports contains information for more than 30 social based assistance programs and more than 100 services for Alberta residents. Example services: income support, job preparation or the child care subsidy program.

4. Inclusion Alberta

Inclusion Alberta is a family based, non-profit organization that advocates on behalf of children and adults with developmental disabilities. The organization aims to create a meaningful family life and community inclusion for individuals with developmental disabilities.

Inclusion Alberta has also created a network of Family Voices in each region of the province to advocate on behalf of children and adults with developmental disabilities. They work with school districts to improve inclusive education and Child and Family Services to improve supports to families and community boards. Inclusion Alberta also supports communities to develop parent advisory groups, youth leadership groups and self-advocacy groups.

5. Lakeland Centre for FASD Caregiver Support Group

The Lakeland Centre for FASD Caregiver Support Group provides support, tips, and strategies to individuals who care for a person with FASD. The support group provides a safe place for those experiencing stress or caregiver burnout to talk about their feelings and gain support from other caregivers.

6. Persons with Developmental Disabilities (PDD)

PDD provides programming and services to agencies that help adult Albertans who have a developmental disability. PPD provides funding in the following areas:

a. **Community Living Supports** help individuals in their home (for example: meal planning and housekeeping)
b. **Employment Supports** train, educate and support individuals to get and keep jobs
c. **Community Access Supports** help individuals participate in their community (for example: volunteering, going to clubs, sports and other activities)
d. **Specialized Community Supports** are generally short-term supports to help with special circumstances (for example: extra help when a person is having trouble)

Supports for Finances and Money Management

1. Income Support

The Alberta Income Support Program provides financial assistance to people in Alberta who do not have enough money for necessities like food, clothing and shelter. This program provides short-term financial and health benefits, child support services and employment training support to Albertans in need.

A similar service is available **to those living on First Nations Reserves.** For a listing of **First Nations** services, see the *Directory of Services*.

2. Assured Income for the Severely Handicapped (AISH)

AISH provides financial and health benefits for adult Albertans with a permanent disability that severely impairs their ability to earn a living. AISH clients may also be eligible to receive supplemental assistance (child benefit and personal benefits) through the AISH program. The level of benefits depends on income and assets. AISH benefits are available to individuals living on First Nations Reserves.

AISH helps eligible Alberta residents ages 18-64, by providing:

a. A monthly income payment
b. A Health benefits card
c. Premium-free Alberta Health Care Insurance
d. Prescription drugs
e. Essential diabetic supplies
f. Emergency ambulance services
g. Exemption from the co-pay fees for Alberta Aids to Daily Living

AISH Benefits Administration Program

The Assured Income for the Severely Handicapped (AISH) Benefits Administration Program is a voluntary program to assist AISH recipients to manage their AISH benefits when they have no one else to help them. By means of a Trust Agreement, a budget is created and administered by the Office of the Public Guardian. The AISH recipient cannot spend more money than the Public Trustee is holding in trust for them. This program is available in the Lakeland area.

3. Trusteeship

If an adult with a mental disability does not have or has lost the ability to manage his or her estate, the Court may appoint an adult Albertan, a trust company, or the Public Trustee to manage that estate.

What is the difference between a Trustee and a Guardian?

A Trustee has legal authority to manage the financial affairs of a dependent adult. The role of a Trustee is to protect and administer the property/assets of dependent adults, minor children, or deceased persons.

A Guardian makes personal decisions for the dependent adult; for example, decisions about health care, living arrangements, diet and dress, education and training, social activities, employment and non-estate legal concerns. A guardian's authority is limited to the powers described in the Court Order which is separate from the authorities of a Trustee.

The Office of the Public Guardian can become a Trustee and/or Guardian if no one else is available.

4. Informal Trusteeship

Some people have no property to manage but require assistance with budgeting and expenditure of monies they receive from various government programs such as AISH. These government departments may have the ability to put an informal trustee in place if the individual is in agreement. Potential informal trustees can include family members, friends, landlords, and representatives of care facilities.

5. Registered Disability Savings Program (RDSP)

The RDSP allows you to save and invest for yourself or a disabled family member in a tax-deferred environment. Contributions may be eligible for Canada Disability Savings Grants (CDSGs) as well as Canada Disability Savings Bonds (CDSBs). The money can be used for any purpose that benefits the disabled person. Contributions can be made up until the end of the year the beneficiary turns 59.

Who can open and RDSP?

a. A person with a disability.
b. The parent of a person with a disability who has not attained the age of majority.
c. A guardian or other representative who is legally authorized to act on behalf of a person with a disability.

The person must be eligible for the *Disability Tax Credit*, which means that they must have a prolonged and severe impairment in physical or mental function, which is confirmed by a qualified practitioner and accepted by the Canada Revenue Agency (www.cra-arc.gc.ca).

Supports for Decision Making

1. Adult Guardianship

The *Adult Guardianship and Trusteeship Act* (AGTA) provides a regulation for adults over the age of 18 who are unable to make personal decisions. This legislation addresses the current needs of Albertans by providing options and safeguards to protect vulnerable adults who may want assistance or are no longer able to make their own decisions. It provides a range of decision-making options such as supported decision-making, co-decision-making, guardianship and trusteeship.

A parent does not automatically become a guardian; they must apply to courts to obtain this title. Guardianship is a legal process that gives an individual (a guardian) the legal authority and responsibility to make, or assist in making, decisions about personal matters on behalf of a dependent adult.
Guardians are advocates for dependent adults, acting or speaking on their behalf, and in their best interest. This does not cover financial matters. Decisions a Guardian may make (depending upon the capabilities of the dependent adult) include:

a. Where the dependent adult will live
b. Employment
c. Education and training
d. Health care
e. Daily living routines
f. Legal matters

Family members, friends or any other interested individual may make application to the courts to be appointed as a legal Guardian. Once the application is made to the courts, a Judge will make a decision as to whether a guardianship order will be granted.

2. Personal Directives

A personal directive allows you to prepare written instruction on personal matters in case you become incapable of making those decisions later. Anyone over the age of 18 can complete a personal directive. It can be made with or without the assistance of a lawyer, but it becomes a legal document when it is dated, signed and witnessed. This may be a useful tool for an adult with FASD who wishes someone to manage their service coordination or case management.

3. Public Guardian

The Office of the Public Guardian provides appropriate decision-making mechanisms for individuals who are unable to make personal, non-financial decisions for themselves and have no one to fulfil this role. The Office of the Public Guardian is able to make these decisions through the *Personal Directives Act*, the *Adult Guardianship and Trusteeship Act* and the *Mental Health Act.* When there are neither friends nor family members eligible or able to make decisions with the dependant adult, the Office of the Public Guardian will appoint a representative to this role.

High School and Post-Secondary Education in the Lakeland Area

There is a potential that students with disabilities may be permitted to stay in high school after the age of 18. A specialized life skills program may be offered and can be discussed with the school and the Special Education Coordinator. This can help with the youth's transition into adult services or allow the youth more time to mature and develop a plan for a successful future.

Post-secondary education should not be ruled out as an option for an individual with FASD. The following is a list of colleges in or close to the Lakeland service area. A career counsellor at Alberta Supports is available to assist with other educational options.

1. Portage College: Campuses in Cold Lake, Lac La Biche, St. Paul, Boyle, Frog Lake, Saddle Lake and Goodfish Lake.

The Learning Assistance Centre (LAC) offers a wide range of educational support services to help students to achieve academic success. Specialized supports are available to assist students with specific learning barriers.

2. Lakeland College: Campuses in Lloydminster and Vermillion

Lakeland College offers an inclusive post-secondary education experience. Students who have a developmental disability can receive flexible programming to ensure they are included in the classroom. Participating students will receive an individual learning pace and adapted course assignments and exams.

3. Keyano College: Campus located in Fort McMurray

Keyano College offers a 10-month transitional program that prepares students for post-secondary opportunities or employment. It is designed for people who have experienced barriers to learning such

as developmental delays and learning problems. The program's goal is to develop students organizational, educational, and career goals, so they move closer to securing employment or consider further education. The transitional program runs from September to the end of June. Students who complete the program will receive a *Transitional Certificate* upon graduation. The program is divided into four sections: management ~~s~~kills, employability skills, individual academic programming and work experience. On site residence may be available.

4. University nuhelot'ı̨ne thaiyots'ı̨ nistameyimâkanak Blue Quills: Campus located in St. Paul

University Blue Quills is a locally controlled Indigenous education centre serving the academic and training needs of people of all cultures, encouraging everyone to experience studying in a unique socio-cultural and academic environment. The primary objective of University Blue Quills is to promote a sense of pride in Indigenous heritage and reclaim traditional knowledge and practice.

The staff at Blue Quills provide student support in career planning, personal and academic counseling, learning and study skills, admission, and financial assistance. Students are encouraged to take advantage of these services.

Employment Services

1. Lakeland Centre for FASD, Employment Program

The Employment Program is designed for people who are 16 and older who have been diagnosed with FASD. The goal of the employment program is to enhance quality of life, to help clients pursue appropriate employment goals, increase self-reliance and community participation. The Employment Program offers:

a) Personalized Support
b) Group Training
c) Support for the Employer
d) Mocktails

The personalized support and group training is focused on building employment and readiness skills along with life and social skills. This includes but is not limited to:

a) Resume Building
b) Interview Skills
c) Teamwork Building
d) Workplace Behaviours
e) Goal Setting
f) Professionalism Self-Care

2. Employment & Training Programs and Services- Government of Alberta

Alberta Supports offers a variety of employment and training programs to help Albertans successfully transition from school to work, unemployment to employment and from one career path to another. Alberta Supports is committed to increasing the capacity of Albertans to respond to the changing skills and abilities required by a changing economy and demand for a skilled workforce. A variety of Albertans are served, including low-income individuals, Indigenous people, immigrants, persons with disabilities, youth and older workers. Programs, services and supports include:

a. Career Information- Career and Employment Services help Albertans to understand the labour market, to make informed career decisions, develop realistic education, training and employment plans and to prepare for, find and maintain work. Services include:

- Alberta Support Centres
- Assessment
- Workshops
- Career Consulting
- Exposure Courses
- Job Placement
- Delivery Events
- Service Management

b. Disability Related Employment Supports(DRES)- DRES provides employment and training supports to adult Albertans who are living with a disability. The program aims to reduce the barriers people may face in obtaining and maintaining employment.

c. Training for Work- Training for Work services provide full-time and part-time occupationally focused training opportunities to help individuals improve their employment situation, to adapt to changing labour conditions or gain skills to sustain employment. Services include:

- *Alberta Job Corps* - an employment/training program that provides work-place experience and training for individuals who have demonstrated they are unable to get or maintain work in the competitive labour market
- *Integrated Training* - skills-based training that combines academic and general employability skills with occupation-related skills
- *Occupational Training* - training that is occupation-specific and may include work experience
- *Part-Time Training* - funding for people who want to improve their educational level and occupational skills while continuing to work.
- *Self-Employment* – training that facilitates entry into self-employment by offering individuals formal instruction on business plan development, business counseling, coaching and guidance.
- *Transition to Employment Services (TES)* – designed for participants to acquire workplace and occupational skills to facilitate rapid attachment or re-attachment to the labour market. Services include Employment Placement and Supports, Job Matching and Unpaid Work Exposure.
- *Transitional Vocational Program* – training and work experience to assist individuals with a developmental disability to obtain and maintain employment and gain independence.
- *Workplace Training* – worksite training provided by an employer.

d. Work Foundations- Work Foundations provides full-time and part-time basic skills training to enable individuals to pursue further job-related training and/or to find a job and substantially improve their employment situation. Services include:

- *Academic Upgrading* – Grades 10 to 12.
- *Basic Skills* – training in literacy and numeracy (grades one to six), adult basic education (grades seven to nine), life skills/personal management training.
- *English as a Second Language (ESL)* – training to improve English language competencies for individuals whose first language is other than English.

- *General Education Development (GED*) – upgrading to meet minimum academic requirements of a high school education.
- *Technical Entrance Preparation* – intensive programs to provide entrance requirements for individuals to Alberta's technical institute programs.
- *University College Entrance Preparation* – intensive programs to enable learners to achieve the necessary matriculation course equivalents for admission to Alberta post-secondary institutions.

e. Workforce Partnerships

- Aboriginal Training to Employment Program
- First Nations Training to Employment Program (FNTEP)
- Labour Market Partnerships (LMP) Program
- Workforce Attraction and Retention Partnerships
- Workplace Essential Skills Training Program

f. **EmployAbilities** - A charitable, non-profit organization, dedicated to promoting and enhancing employment and learning opportunities for persons with disabilities. The goals are to:

- *Empower* people with disabilities by assisting them to identify and utilize their skills and abilities.
- *Encourage* persons with disabilities to define and initiate career change.
- *Enhance* the employability of people with disabilities by providing the necessary supports to enter the workplace.

Supports for First Nations Living on Reserve

1. Income Assistance

The Income Assistance program provides financial assistance to eligible individuals and families who are living on reserve. The program also funds the delivery of pre-employment measures designed to increase self-reliance, improve life skills and promote participation in the work force. The Income Assistance program has four main components: basic needs, special needs, pre-employment supports, and service delivery. The expected outcome of the Income Assistance program is an improved quality of life through the reduction of poverty and hardship on-reserve and to improve participation in the workforce.

2. Assisted Living

The Assisted Living Program is a residency-based program that provides funding to assist in non-medical, social support services to seniors, adults with chronic illness, and children and adults with disabilities (mental and physical) so that they can maintain functional independence and achieve greater self-reliance. There are three major components to the program which include home care, adult foster care and institutional care. The latter is for eligible individuals in need of personal non-medical care on a 24-hour basis. The Assisted Living Program is available to all individuals residing on-reserve, or those ordinarily residing on-reserve, who have been formally assessed by a health care professional (in a manner aligned with the relevant province or territory) as requiring services and who do not have the means to obtain such services themselves. The expected outcome for the Assisted Living program is that individuals maintain their independence for as long as possible while maximizing the quality of their daily experience at home and in the community.

3. Child and Family Services

Alberta Children and Youth Services offer a range of services and programs for children and families. Children and Youth Services strive to break the cycle of family violence, abuse and poverty that prevent some children from becoming strong, sound individuals. In establishing policies and practices specific to the needs of Aboriginal children, the Ministry of Children and Youth Services recognizes the First Nation, Métis, and Inuit communities' aspiration to play a major role in the design and implementation, monitoring and evaluation of child intervention services.

Under these agreements, Alberta has or will provide delegations of authority under the *Child, Youth and Family Enhancement Act* to enable First Nation agencies to provide provincial child intervention services within each reserve's geographical boundaries. These agencies deliver services as per the *Child, Youth and Family Enhancement Act.* Indian and Northern Affairs Canada (INAC) provides funding for each deselected agency.

Additional Supports

1. Alberta Brain Injury Network

The Alberta Brain Injury Network aims to support individuals experiencing effects of an acquired brain injury to achieve and/or maintain an optimal quality of life in the community of their choice while preserving and respecting their individual rights and dignity.

2. St. Paul Abilities Network

The St. Paul Abilities Network and Alberta Community Development have partnered together to provide support and coordination of services to adult survivors of acquired brain injury (ABI) and their families in the Northeast region of Alberta. The aim is to gain insight into the needs of adults with ABI, maximize the use of existing services and identify and advocate for needed resources in the region.

3. Alberta FASD Metis Settlement Network

There are 4 Metis Settlements Within the LCFASD service area: (Fishing Lake, Elizabeth, Kikino, and Buffalo Lake) that are served by the LCFASD for diagnosis/assessment; post diagnostic supports; and mentorship to high risk women through a contract with the FASD Metis Settlement Network. The Network provides an FASD worker in each settlement.

4. Alberta Health Services

- Addictions (Formerly AADAC)
- Mental Health
- Community Health Services

5. Native Friendship Centres

Native Friendship centres are Canada's most significant off reserve service delivery infrastructure and are the primary providers of culturally enhanced programs and services to urban Indigenous residents. For over half a century, friendship centres have been facilitating the transition of Indigenous people from rural, remote and reserve to an urban environment. For many Indigenous people, Friendship Centres are the first point of contact to obtain referrals to cultural based socio-economic programs and services.

Contact information for Native Friendship Centres in the Lakeland region can be found in the Regional Directory.

6. Crisis Centres

Facilities that offer support and emergency shelter to women and children who are fleeing domestic violence. Contact information for crisis centres in the Lakeland region can be found in the regional directory.

7. Counselling Supports

There are a variety of counselling supports available in the Lakeland region.

Regional Directory

Call 310-0000 to be connected with the office nearest you for any government agency

Child and Family Services	Cold Lake Bonnyville St. Paul Vegreville Lac La Biche	780-594-7025 780-826-3324 780-645-6370 780-603-2500 780-623-5215
Family Support for Children with Disabilities	Cold Lake Bonnyville St. Paul Vegreville Lac La Biche	780-594-7025 780-826-3324 780-645-6417 780-603-2500 780-675-6882
Alberta Supports	Cold Lake Bonnyville St. Paul Vegreville Lac La Biche Toll Free o	780-594-1984 780-826-4175 780-645-6473 780-632-8686 780-623-5215 1-877-644-9992
Inclusion Alberta	Edmonton Toll Free	780-451-3055 1-800-252-7556
Person with Developmental Disability (PDD)	Cold Lake Bonnyville St. Paul Smoky Lake Vegreville Lac La Biche	780-815-4072 780-815-4072 780-645-6417 780-623-5215 780-632-8686 780-623-5215
PDD funded/contracted agencies in Lakeland Dove Centre Dove Centre WJS Alberta WJS Alberta WJS Alberta WJS Alberta WJS Alberta Lac La Biche Disability Services St. Paul Abilities Network (SPAN)	 Cold Lake Bonnyville Cold Lake Bonnyville St. Paul Lac La Biche Smoky Lake Lac La Biche St. Paul	 780-594-2154 780-826-2552 780-661-2272 780-815-4430 780-645-3313 780-623-8022 780-656-4113 780-623-2800 1-866-645-3900

Parent Link Centres	Cold Lake Bonnyville St. Paul Lac La Biche Wandering River	780-594-4495 780-826-2120 780-645-5311 780-623-6365 780-798-2557
Lakeland Centre for FASD	Cold Lake Bonnyville St. Paul Lac La Biche Toll Free	Please call 780-594-9905 to reach all offices
Alberta Supports Income Assistance	Cold Lake Bonnyville St. Paul Vegreville Lac La Biche Toll Free	780-594-1984 780-826-4175 780-645-6473 780-632-8686 780-623-5215 1-877-644-9992
Assured Income for the Severely Handicapped **AISH Benefits Administration Program**	Cold Lake Bonnyville St. Paul Smokey Lake Lac La Biche After hours number	780-840-2002 780-815-4041 780-614-6511 780-632-8686 780-623-5361 1-866-644-5135 310-0000 ask for AISH
Office of the Public Trustee	Northeastern office	780-427-2744
Office of the Public Guardian	St. Paul Toll Free	780-645-6278 310-0000
Royal Bank Advisor for RDSP	Toll Free	1-800-463-3863
Portage College	Cold Lake St. Paul Lac La Biche	780-639-0030 780-645-5223 780-623-5551
Keyano College	Toll Free	1-800-251-1408
Lakeland College	Lloydminster Vermillion Toll Free	780-871-5700 780-853-8400 1-800-661-6490

University nuhelot'įne thaiyots'į nistameyimâkanak Blue Quills	St. Paul Toll Free	780-645-4455 1-888-645-4455
Employabilities	Cold Lake Bonnyville St. Paul Vegreville Lac La Biche	780-594-6244 780-201-6005 780-614-1944 780-603-8182 780-623-1281
Lakeland Employment Services	Cold Lake Bonnyville Lac La Biche	780-201-3311 587-201-2494 780-213-1042
Native Friendship Centres	Cold Lake Bonnyville St. Paul Lac La Bice	780-594-7526 780-826-3374 780-645-4630 780-623-3249
First Nations Income Assistance	Cold Lake First Nations Beaver Lake First Nations Kehewin First Nations Frog Lake First Nation Heart Lake First Nations Saddle lake First Nations Whitefish Lake First Nations	780-594-6723 780-623-4549 780-826-3333 780-943-3739 780-623-2130 780-726-3829 780-636-7000
First Nations Child and Family Services Tribal Chiefs East Tribal Chiefs West Saddle Lake Child Welfare	 Frog Lake and Kehewin Heart Lake, Beaver Lake, Whitefish Lake Saddle Lake	 780-826-7676 780-645-6634 780-726-7616
Metis Child and Family Services	St. Paul	780-645-6227
Metis Nation of Alberta	Bonnyville Lac La Biche	780-826-7483 780-623-3039
Law Referral Service	Law Society of Alberta	1-800-661-1095
Crisis Centres Dr. Margret Savage Crisis Centre Hope Haven Women's Shelter Columbus House	 Cold Lake Toll Free Lac La Biche Toll Free	 780-594-3353 1-866-594-0533 780-623-3100 1-866-727-4673

	St. Paul Toll Free	780-645-5195 1-800-263-3045
Alberta Health Services		
Addictions	Bonnyville Cold Lake Lac La Biche St. Paul Smokey Lake Crisis Line	780-826-8054 780-594-7556 780-623-5227 780-645-6346 780-645-6346 1-866-332-2322
Mental Health	Bonnyville Cold Lake Lac La Biche St. Paul Smokey Lake Crisis Line	780-826-2404 780-639-4922 780-623-5230 780-645-6346 780-656-3595 1-877-303-2642
Community Health Services	Bonnyville Cold Lake Lac La Biche St. Paul Smokey Lake Vilna Elk Point Elizabeth Metis Settlement Fishing Lake Kikino Settlement Buffalo Lake Cold Lake First Nations Glendon Vegreville	780-826-3381 780-594-4404 780-623-4471 780-645-3396 780-656-3595 780-656-3595 780-724-3532 780-594-3383 780-943-3058 780-623-7797 780-689-4771 780-594-2473 780-635-3861 780-632-3331

Appendix A

Documentation Checklist

In order to be prepared, the following documentation should be organized, photocopied, and filed in a safe place: See Checklist at back of this booklet.

___ Identification (SIN, Alberta Health Card, Driver's Licence, etc.)

___ Medical History:
- ___ Diagnostic Report
- ___ Verification of need for medications, special diet, ongoing services

___ List of service providers
- ___ Doctor
- ___ School / Education Contact
- ___ Employment contact
- ___ Therapist, etc.

___ School Records
- ___ Psychological assessments

___ Employment records

___ Verification of income
- ___ Most recent Income Tax Assessment
- ___ Most recent paycheque
- ___ Income Assistance
- ___ Parental / other support

___ List of Strengths (What is the youth good at?)

___ List of deficits (What does the youth struggle with – learning, behavioural, emotional difficulties)

___ Support person(s) contact information (names/numbers for caregivers/advocates)

Sample Check List for families and/or the Transition Team

Goal:	**Support**	**Date**	**Completed**
1) Fill out Johnny's camp application	Mom and Dad will meet with worker to fill out application	June 1, 2010	✓
2) Johnny needs a new identification card	Aunty will take him to the Registries office	June 20, 2010	✓
3) Adult guardianship process needs to be started	Dad will pick up the forms from the Guardianship office	July 8, 2010	
4) Fill out Guardianship forms	Mom and Dad will meet with worker at 1pm for help filling out forms	July 8, 2010	
5) Prepare Johnny for summer camp	Sister will help Johnny go through the list of items to pack for camp	July 11, 2010	
6) Johnny goes to camp	Mom and Dad will go over checklist with Johnny and drive him to camp	July 12, 2010	
7) Create a family profile	Mom, Dad, brother, sister, Aunty, and Uncle meet to talk about their hopes and dreams for Johnny's future	July 14, 2010	

Printable Check List for families and/or the Transition Team

Goal:	Support	Date	Completed

Appendix B

Information Gathering

When working with individuals with FASD, information gathering can be challenging. If you are a caregiver or teacher that knows the individual quite well and has time to spend with them, you may find this resource helpful:

- Pathways to Success: A Fetal Alcohol Work booklet www.hayskids.org

The following forms can help in creating:

- Youth's Personal Story
- Family Profile
- Some of the individual's goals

The forms can be filled out by:

- The Youth
- Parents
- Family Members
- Teachers
- Members of the Transition Team

Questions to ask the Support Network

1. **What is the adolescent's name?**

2. **What is the adolescent's date of birth?**

3. **What is the adolescent's diagnosis?**

4. **What is the adolescent's living situation; ex. foster care, biological family, extended family**

5. **Who lives in the home?**

6. **Does the adolescent have any other brothers or sisters not living in the home?**

7. **If the adolescent is living in foster care or with extended family, should he or she be connected with siblings, biological parents or other family members who are not living in the home? Would this be a healthy option for the adolescent?**

8. **What school does the adolescent go to?**

9. **What grade is the adolescent in and type of educational programming?**

10. **Does the adolescent require an updated educational or neuropsychological assessment? Please note that certain government supports may require an updated assessment, such as AISH and PDD. If the adolescent does not require an updated assessment, when was the last one complete?**

11. **Does the adolescent have any physical or mental health conditions or concerns?**

12. **Is the client currently on medication? In the past?**

13. **Who supports the individual:**

    a. **At home:**

    b. **At school:**

    c. **In the community:**

14. What are three positive words to describe your loved one?

15. What are his/her strengths?

16. What are his/her interests?

17. What are his/her achievements and positive interactions in the community?

18. What are some challenges you have faced this year?

19. What strategies have worked for these challenges?

20. What are some realistic options or possibilities for his/her future?

21. How will you, the caregiver, support his/her success?

22. Does the adolescent require:

a) Social insurance number
b) Alberta health card
c) Photo ID
d) Birth certificate
e) Status identification
f) Other forms of identification or important documentation?

23. What are your priorities for this individual?

a) AISH
b) Social skills development
c) Life skills
d) Hands on experience
e) Mental health
f) Volunteer work
g) Academic success
h) Positive hobbies
i) Transitional vocational program
j) PDD
k) Employment
l) Recreation

m) **Guardianship**
n) **Trusteeship**
o) **Other?**

24. What level of support does the individual need to succeed when living independently? Daily, weekly, monthly support?

25. Does the individual have any reoccurring wants?

26. Are there any other things you would like to add?

27. Are there any considerations in the following areas?

a. Health and mental health wellness

Abilities:

Needs in this area*:*

b. Education

Abilities:

Needs in this area:

c. Recreation

Abilities:

Needs in this area:

d. Social/friends

Abilities:

Needs in this area:

e. Income/finances

Abilities:

Needs in this area:

f. Daily Living Skills

Abilities:

Needs in this area:

g. Employment

Abilities:

Needs in this area:

f. Spirituality

Abilities:

Needs in this area:

g. Culture

Abilities:

Needs in this area

Questions to ask the Youth

Name: _____

Positive words to describe me:

_____ _____ _____

Successful experiences I have had:

- _____ _____
- _____ _____

Things I enjoy:

- _____ _____
- _____ _____

People I can count on for help and support:

_____ _____ _____

_____ _____ _____

Things that are important to me:

- _____ _____
- _____ _____

Things I have trouble with:

- _____ _____
- _____ _____

Things I can do that help make me feel good:

- _____ _____

Things I could teach someone else:

- _____ _____

What hopes do you have for yourself as an adult?

- _____ _____

Work you might want to do as an adult?

- _____ _____

Things you might want to do for fun as an adult?

- _____ _____

Where you might want to live as an adult?

- _____ _____

Do you want to learn anything new as an adult?

- _____ _____

IDENTITY CHECKLIST

Words I Use to Describe Myself

How I look – Appearance

- ☐ tall
- ☐ short
- ☐ big
- ☐ small
- ☐ happy
- ☐ healthy
- ☐ beautiful
- ☐ trendy
- ☐ conservative
- ☐ casual
- ☐ cool
- ☐ neat
- ☐ strong
- ☐ unique
- ☐ short hair
- ☐ long hair
- ☐ medium hair
- ☐ athletic
- ☐ cute
- ☐ interesting
- ☐ good

Anything else you would like to add: _____

_____

How I act - Personality

- ☐ friendly
- ☐ honest
- ☐ generous
- ☐ trusting
- ☐ responsible
- ☐ assertive
- ☐ kind
- ☐ organized
- ☐ outgoing
- ☐ considerate
- ☐ calm
- ☐ understanding
- ☐ respectful
- ☐ funny
- ☐ intelligent
- ☐ thoughtful
- ☐ helpful
- ☐ fair
- ☐ caring
- ☐ brave
- ☐ sensitive
- ☐ independent
- ☐ dependable
- ☐ positive

Anything else you would like to add: _____

_____

Things I do well – Abilities

- ☐ organize people
- ☐ organize things
- ☐ create new ideas
- ☐ create with words
- ☐ create with pictures
- ☐ create with wood
- ☐ create with metal
- ☐ work with food
- ☐ work with children
- ☐ clean a house
- ☐ help people
- ☐ serve people
- ☐ work with motors
- ☐ work with tools
- ☐ repair machines
- ☐ sell things
- ☐ Play instrument
- ☐ perform by singing
- ☐ perform by dancing
- ☐ grow plants
- ☐ work with animals
- ☐ physically strong
- ☐ use hands well
- ☐ compete physically

☐ work with electronics ☐ working in groups ☐ make friends

Anything else you would like to add: _____

_____

IDENTITY CHECKLIST

Words I Use to Describe Myself

What I like to do – Interests

☐ team sports	☐ cook	☐ talk on phone
☐ art / draw	☐ read	☐ go to the mall
☐ act / drama	☐ listen to music	☐ visit friends
☐ shop	☐ watch TV	☐ work
☐ swim	☐ think	☐ go to parties
☐ lead others	☐ sleep	☐ talk to people
☐ dance	☐ play music	☐ be by myself
☐ exercise	☐ sing	☐ movie
☐ play computer	☐ play video games	☐ ride bike

Anything else you would like to add: _____

_____

Examine the words you checked and list the five most important words from each section:

Appearance:

_____ _____

_____ _____

Personality:

_____ _____

_____ _____

Ability: _____

_____ _____

_____ _____

Interests: _____

_____ _____

_____ _____

Describe what you like about yourself in one sentence:

_____

_____

_____