



#101 1272 -101st Street
North Battleford, SK S9A 0Z8
Phone (306) 445-6960 Fax (306) 445-0434
Email: battlefords.cfs@sasktel.net

TRANSITIONS SKILLS TRAINING

Referral and Registration Package

Name of Youth: _____ Youth Date of Birth: _____

Name of Primary Caregiver: _____ Guardian / Primary Caregiver Phone: _____

Youth Phone: _____ Street Address: _____

Mailing Address: _____ City/Town/Rural: _____ Postal Code: _____

Transition Skills Training is a youth life skills program for **young people aged 15-19**. We meet Wednesday afternoons from 4:00pm to 6:00pm in the hall at Territorial Drive Alliance Church. TST sessions include elements of learning, educational games and activities, supper, either prepared by the group or ordered in, as well as fun activities and games. Youth who do well in the group sessions may also complete a 4 week work placement as the final module of TST. The work placement sessions happen weekly in place of the Wednesday TST sessions. Youth who participate well and have good attendance will be eligible to receive a \$20.00 per session training allowance.

Please note that there is no 12-14 year old program being offered in 2018-2019.

Please mark all modules you wish the youth you are referring to attend:

- Module 1 – Day to Day Independence (4 weeks)
 - Module 2 – Self Skills and Social Skills (4 weeks)
 - Module 3 – Employment Preparation (3 weeks)
 - Module 4 –Work Placement (5 weeks including wrap up graduation session)
- To the best of my knowledge, this youth has the basic skills to function in a group environment with others.
- I understand as the referring agent that if this youth fails to complete any Transition Skill Training module due to unexcused absence, disruptive behavior, failing to complete activities, failing to meet entrance criteria, breaking their contract of participation or any other reason, the youth may be excused from Transition Skills Training and may not receive any amount of training allowance for that module.

Referred by:

Name: _____ Phone: _____

Agency or Relationship: _____ Program: _____

Please comment on any concerns regarding the youth.

What are this youth's strengths and interests?

Criteria for Youth to Participate::

- The necessary skills to take control of and be responsible for their own behaviour.
- The skills necessary to function in a group setting.
- A personal interest in participating in Transition Skills Training.

Referral Signature . _____ Date. _____

Office Use Only:	Accepted []	Waiting List []	Closed []
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Consent of Parent or Legal Guardian

I, _____, _____ and
Name Relationship

legal guardian, give Catholic Family Services of the Battlefords Inc., my
permission to see _____ as a client to attend
Name of Youth

Transition Skills Training, including all modules and any work placements taking place
in the community, if applicable, under the mandate of this organization.

Parent/Guardian Signature: _____

Date: _____

- I will try to make arrangements for the youth to be picked up and dropped off from the groups, and if I am not able to pick up and/or drop them off or arrange for this, I hereby give permission to Catholic Family Services of the Battlefords Inc. to transport them to or from TST in a staff member's vehicle and/or by a taxi either independently, or with other group participants and program facilitators.

Parent/Guardian Signature: _____

Date: _____

Phone Number of Legal Guardian _____



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TRANSITIONS SKILLS TRAINING

Participant Contract Agreement

Please check each circle to indicate that you have read and agree to the conditions of program participation.

- I understand that the Transition Skills Program is only for young people who actively want to participate and learn skills that will be helpful for living as an independent adult.
- I understand that acting disrespectful or not participating in activities may lead to me getting removed from the TST Program.
- If I am unable to attend, I understand that it is my responsibility to contact one of the facilitators or leave a message at the office of Catholic Family Services at 306-445-6960. Failing to do this can result in any training allowances for that module not being paid.
- I understand that if I am involved or suspected of possibly being involved in any illegal activity at Transitions, RCMP will be contacted immediately.
- I understand that it is strongly encouraged for all participants to participate in group discussions, but I should be cautious about sharing personal details about my life because this is not a confidential environment like a counselling session.
- I understand that I will earn a training allowance of \$20.00 per session upon full completion of each module. If I do not complete the module or am absent without being excused by the facilitators, I will not receive the training allowance or any portion of it. Training allowances are earned by participating and are not automatically paid just for attending sessions.

I, _____, hereby commit to this contract agreement and to following the directions of the Program Facilitators. I will be respectful of myself, my fellow Transition Skill Training participants, the Program Facilitators, and the facilities where TST sessions are held. .

Signature of Participant

Date

TRANSITION SKILLS TRAINING

Program Outline

MODULE 1 “Day to Day Independence” 4 Weeks

1. Introduction to TST and Surviving Day to Day
2. Eating Healthy on a Tight Budget
3. Planning a Future / Budgeting and Lifestyle
4. Hands on Cooking.

MODULE 2 “Self and Social Skills” 4 Weeks

1. My Values, My Choices, My Goals.
2. Coping with Stress and Facing Adversity
3. Healthy Relationships and Living in Communities (Movie: Freedom Writers)
4. Finish Freedom Writers and Module Review

MODULE 3 “Employment Preparation” 3 Weeks

1. Employments Skills Overview
2. Resume writing
3. Job Interview preparation & Skills Review

MODULE 4 “Work Placement” 5 Weeks

1. Work Placement
2. Work Placement
3. Work Placement
4. Work Placement
5. Final Group Session / TST Graduation.