



IDEA FORM

Individuals, as well as parents, volunteers, chapter members and community service providers can submit ideas for RCP Social Learning Opportunities. The purpose of completing this form is to ensure that the process of receiving and reviewing all ideas is a fair and equitable. For more information please refer to the "Submit Ideas" document on our website.

Idea forms are **due June 6** for Social Learning Opportunities to be implemented between **September – December**; **September 18** for events held between **October-December**; and **November 28** for events held during the months of **January-March**.

Please try to complete all questions.

1. What is your idea for a Social Learning Opportunity?

Write additional information on the back of this page or attach another page, if needed

2. Who will benefit from your idea and how?

May include children, teens, parents, siblings, etc.

3. During what time of year would your idea take place? How often would it occur?

Such as every week day for a certain number of weeks, once per week, once per month, once per year, etc.

4. How much do you think it will cost to implement your idea?

Cost of materials, cost to rent equipment, cost to rent space, hire staff, etc.

| | |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

Please complete the following questions to the best of your ability.

Please feel free to contact the RCP Coordinator nearest you for assistance with this section.

5. Could donations of materials or services be arranged to lower expenses for your idea?

6. Suggest local community service provider(s) that could potentially partner with the RCP Program to implement your idea.

7. Can you name families affected by ASD who you know would support your idea?

| | |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

8. Does your idea meet Autism Ontario policy criteria for safety, insurance coverage, and adequate levels of supervision for individuals with ASD?

List any possible concerns.

9. Please list the names and contact information for volunteers who would be willing to assist with the implementation of your idea:

Volunteer Name:

Phone / Email:

| | |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |



Idea submitted by:

Identified Lead for this proposal:

Please type or print neatly

Signature:

Date:

For Autism Ontario staff only:

Received by: _____ Date: _____

Approved Date reviewed: _____

Not Approved Reason: _____