



IDEA FORM

Individuals as well as parents, volunteers, chapter members and community service providers can submit ideas for Social Learning Opportunities. The purpose of completing this form is to ensure that the process of receiving and reviewing all ideas is fair and equitable.

Submission Due Date	Event Dates
January 1	April to June
April 1	July to September
July 1	October to December
October 1	January to March

Please try to complete all the questions to the best of your ability. Feel free to contact the Community Events Coordinator (CEC) or Family Support Coordinator (FSC) nearest you for assistance. To find your local CEC or FSC, [click here](#).

1. Event Location. Please check the region of the proposed SLO:

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> South West | <input type="checkbox"/> Toronto | <input type="checkbox"/> South East |
| <input type="checkbox"/> Hamilton/Niagara | <input type="checkbox"/> Central East | <input type="checkbox"/> North |
| <input type="checkbox"/> Central West | <input type="checkbox"/> East | <input type="checkbox"/> Northeast |

City/Town: _____

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

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

a. SLO is geared toward (check all that apply):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Child with ASD | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Professional |



6. Contact information of community services provider(s) who could partner with the Potential Programme to implement your idea?

Please provide a list of service providers or chapter involvement with SLO (including sharing costs, venue, volunteers, etc)

7. Please list a minimum of 8 names of families affected by ASD who you know would support your idea. *(If you are unsure of families that may be interested contact your Community Events Coordinator who may assist with identifying families)*

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

8. Who will be the lead volunteer?

Lead Volunteer Duties:

- Direct contact with the Community Events Coordinator. .
- Represent Autism Ontario on site at the event.
- Welcome participants.
- Complete registration list and submit to Community Events Coordinator within 48 hrs of completion of the event.
- Manage any incidents that may arise and report as required.

Name: _____ Contact Phone: _____
Email: _____

9. Additional Volunteers

Please provide the name and telephone number or e-mail address of volunteers who have agreed to assist.

Name: _____ Contact Info: _____
Name: _____ Contact Info: _____

