

My Path to the Future

by Lucas Vining

Academics

My passion for learning has translated into strong academic performance. Throughout junior high and high school, I have consistently ranked among the top three students in my class. In grade 11, I completed two grade 12 courses and a dual credit program with Portage College, ending the year with a 92% average. I will complete grade 12 with 183 Alberta high school credits - far exceeding the average range of 120 high school credits. In my final year of high school, I was able to maintain an overall average of 92%, despite my hectic extra-curricular, work and volunteer schedule. My academic planning has allowed me the flexibility to continue playing trombone in my school's senior band, a passion of mine. As a French Immersion student, I've also achieved two levels of DELF certification. I genuinely enjoy learning, and I'm excited to continue that journey in post-secondary.

Athletics

Athletics have played a vital role in shaping who I am. I've played box lacrosse since I was five and football since I was ten, participating on competitive teams where leadership, discipline, and sportsmanship are crucial. I was also a swimmer with the Cold Lake Marlins for over five years, developing the skills that led to becoming a Swim Instructor and Lifeguard. I've always believed in uplifting teammates, especially those who struggle, and I aspire to be the kind of positive role model based on the positive example that my coaches have set. I lead with optimism, encourage others through constructive feedback, and prioritize kindness, especially when things don't go our way on the field or the floor. I have always been a leader on my team, encouraging my teammates to play the game with sportsmanship and class. As an Offensive Lineman in football and a Goalie in lacrosse, I have naturally taken a leadership role on both teams.

Volunteer and Community Service

Volunteering has always been a core value in my life. My parents taught me that when you are gifted with time and talents, you have a responsibility to share them. Since seventh grade, I have contributed over 200 hours to organizations such as Cold Lake FCSS, Medley MFRC, Hearts for Healthcare, the Cold Lake Food Bank, Challenger Baseball, Cold Lake Minor Football, and Assumption School. My volunteer work ranges from shovelling snow and mowing lawns for seniors to tutoring students in math and science.

Resilience

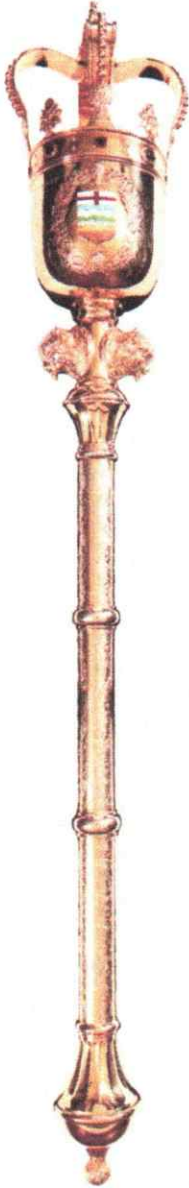
Balancing school, athletics, work, and volunteer commitments has never been easy, especially in the spring when football and lacrosse seasons overlap. Juggling practices, games, and a demanding academic schedule taught me discipline, focus, and time management. Yet, the challenges haven't only been external.

I was diagnosed with generalized anxiety disorder and major depressive disorder as a young teenager. Managing my mental health has been a constant journey—one that includes physical activity, counselling, proper sleep, proper nutrition, and medication. In February 2025, I was also diagnosed with Autism Spectrum Disorder. This diagnosis has helped me gain a better understanding of myself. Many of my struggles were not personal failings but the result of masking traits that are simply part of who I am. With the help of healthcare providers, I am developing strategies to better manage and embrace my neurodivergence.

There have been many moments when it would have been easier to quit, but I didn't. I persevered because I ascribe to the belief that hard work, purpose, and resilience can move even the heaviest burdens. As Albert Camus once wrote, "One must imagine Sisyphus happy." I choose to find meaning in struggle and continue pushing forward, just like he did. The satisfaction that I have gained from participation in school, athletics, and work has helped me maintain my overall mental health.

Future Goals

My ultimate academic goal is to earn a PhD in Engineering. I will begin this journey by pursuing a Bachelor of Science in Engineering, specializing in Biomedical Engineering. I'm excited by the opportunity to explore different disciplines before choosing a path that aligns best with my passions. Ultimately, I aim to conduct research that makes a meaningful contribution to the world, whether through innovative technologies or solutions that enhance lives. If I can leave the world better than I found it, I will have succeeded. I am most passionate about learning about the potential applications of engineering in the medical field and about exploring new technology that can positively impact the environmental health of our planet.




Congratulations and Sincere Best Wishes

Lucas Vining

Upon the occasion of your

High School Graduation
2025



Scott Cyr, MLA
Bonnyville-Cold Lake-St. Paul Constituency



OFFICE OF THE REGISTRAR

Hunter Student Commons
2500 University Drive NW
Calgary, Alberta Canada T2N 1N4
ucalgary.ca/registrar

2025-06-17

This letter confirms the enrolment status for the following University of Calgary student, as of the above date:

Student Name: Lucas Holden VINING
Student ID: 30274315

Program Information

Schulich School of Engineering
Bachelor's Degree in the Schulich School of
Engineering
Bachelor of Science
Program Length: 4 Years
Year Level: 1

Enrolment Information

Winter 2026

Term Begin/End Dates: 05-Jan-2026 - 30-Apr-2026

Weeks of Instruction: 13

Enrolment Status: Full-Time

Subject	Number	Course Name	Start Date	End Date	Hours	Units
ENGG	200	Intro to Engineering Design	2026-01-12	2026-04-14	42	3
ENGG	202	Engineering Statics	2026-01-12	2026-04-14	54	3
ENGG	212	Fundamentals of Fluid Behaviour	2026-01-12	2026-04-14	72	3
MATH	277	Multivariable Calc Eng & Scie	2026-01-12	2026-04-14	66	3
PHYS	259	Electricity and Magnetism	2026-01-12	2026-04-14	72	3

A breakdown of tuition by course is not available for terms prior to Spring 2023.

The language of instruction at the University of Calgary is English, except in certain courses as identified in the course outline. Detailed academic information is not included in this letter but can be confirmed on a transcript. Information contained within this letter can be verified by contacting the Office of the Registrar at 403-210-7625.

Sincerely,

K. Amy Dambrowitz, PhD
Registrar
University of Calgary



OFFICE OF THE REGISTRAR

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Bachelor's Degree in the Schulich School of Engineering
Bachelor of Science
Program Length: 4 Years
Year Level: 1

Enrolment Information

Fall 2025

Term Begin/End Dates: 25-Aug-2025 - 24-Dec-2025

Weeks of Instruction: 13

Enrolment Status: Full-Time

Subject Number	Course Name	Start Date	End Date	Hours	Units
ENDG 233	Programming with Data	2025-09-02	2025-12-05	60	3
ENGG 204	Fund Engineering Materials	2025-09-02	2025-12-05	78	3
ENGG 225	Fund Electrical Circ & Machine	2025-09-02	2025-12-05	66	3
MATH 211	Linear Methods I	2025-09-02	2025-12-05	48	3
MATH 275	Calculus Engineers Scientists	2025-09-02	2025-12-05	66	3

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Sincerely,

A handwritten signature in black ink, reading "K. Amy Dambrowitz".

K. Amy Dambrowitz, PhD
Registrar
University of Calgary

Alberta

CANADA

**CERTIFICATE
OF BIRTH**

VITAL STATISTICS

LB703945

Name *Vining, Lucas Holden*

Sex *Male*

Date of Birth *May 31 2007*

Place of Birth *Bonnyville*

Name of Mother *Lefebvre, Lynn  Isabelle*
(Maiden Name)

Place of Birth *Alberta*

Name of Father *Vining, Christopher Howland*

Place of Birth *United States*

Registration Date *Jun 13 2007*

Registration Number *2007-08-020018*

Date Issued *Aug 10 2007*

Certified extract from REGISTRATION OF BIRTH
filed at Edmonton, Alberta, Canada.



REG 3147 (2004/03)

Director



Connect Care

**School-Age Neurodevelopmental
Assessment Clinic (SNAC)**

Glenrose Rehabilitation Hospital
10230 111 Avenue
Edmonton, AB T5B 0G7
Office: 780-735-6083
Fax: 780-735-6293

CLINIC SUMMARY

MRN: 3029109596
NAME: VINING, Lucas
DOB: 31/May/2007
PHN#: 681264341

Date Seen: 06, 7, 13 Feb/2025

SCHOOL-AGE NEURODEVELOPMENTAL ASSESSMENT CLINIC (SNAC)

Lucas was referred to SNAC by Dr. Angelopoulos with a query of an Autism Spectrum Disorder (ASD). Parent and school concerns were identified in the areas of emotional regulation and social skills.

Lucas currently attends Assumption Sr High School in grade 12.

FINDINGS/DIAGNOSES

Upon review of current and previous assessments, interviews with Lucas and his parents, as well as consultation among team members, it was determined that Lucas's profile meets criteria for the following diagnoses:

Autism Spectrum Disorder (ASD)

- Requiring substantial support for deficits in social communication
- Requiring substantial support for deficits in restricted, repetitive behaviours
- Without accompanying intellectual impairment
- Without language impairment

Major Depressive Disorder (MDD), previously diagnosed
Generalized Anxiety Disorder (GAD), previously diagnosed
At-Risk for Bipolar Disorder-Monitor

FUNCTIONAL DESCRIPTORS

Presentation

- During the interview with Lucas, he presented as polite and cooperative. He was quite anxious and rocking in his seat. As the interview progressed, he became more relaxed.
- During the ADOS-2, Lucas greeted the clinician by waving and saying, 'Hi' as he joined on-line. He was talkative and chatted about his cats at the outset of the assessment. He seemed comfortable during the assessment, with no outward signs of anxiety being observed. Lucas was cooperative and actively participated in all the assessment tasks. He transitioned easily

from one task to another. Although he fidgeted with the creative story items that were on the table in front of him, he maintained his attention and sat, as expected.

Intellectual Ability/Adaptive Skills

- Prior cognitive assessment findings (Jan. 4, 2024, Dr. B. Symes, R. Psych.) with the Wechsler Adult Intelligence Scale, Fourth Edition, Canadian) placed Lucas' Full Scale IQ in the Average range, with his General Ability Index score in the High Average range (77th percentile). Notable strengths emerged in Verbal Comprehension (Superior range; 95th percentile), while Perceptual Reasoning and Working Memory were Average (34th and 63rd percentile, respectively). His Processing Speed was an area of challenge and Borderline (8th percentile). Academically, he was High Average or Above Average in most domains.
- Adaptive skills (Adaptive Behaviour Assessment System, Third Edition; ABAS-3)
 - At home, Lucas' parent rated their overall adaptive skills to be in the Below Average range (4th percentile). Lucas receives high levels of support and guidance from his parents to manage day to day.
 - At school, Lucas' adaptive skills were rated, overall, to be in the Average range (42nd percentile). At school, Lucas is focused on doing well and his challenges are not as apparent, though he was rated as weaker in the social adaptive domain.
- The Behaviour Assessment System, Third Edition (BASC-3) also includes adaptive skills.
 - At home, Lucas' overall adaptive skills were in the At-Risk range (with At-Risk adaptability, At-Risk social skills, At-Risk leadership, At-Risk functional communication, and At-Risk activities of daily living).
 - At school, Lucas' overall adaptive skills were in the Average range (with At-Risk social skills).

Communication/Speech-Language Skills

- Lucas' speech was easy to understand, with no articulation (speech sound errors) observed.
- Receptively, Lucas followed simple instructions and answered a variety of questions. He understood some figures of speech, such as 'when pigs fly' but indicated that he often struggles to understand non-literal language and needs to be reminded that these are just expressions and not meant to be taken literally. He indicated that only "1 in 3" expressions make sense to him and he often needs to memorize their meanings.
- Expressively, Lucas' language primarily consisted of simple and complex sentence structures with no grammatical errors observed. He used appropriate vocabulary for his age and did not appear to have difficulty formulating his thoughts.
 - While sharing a storybook with few words, Lucas commented on the characters' actions and was able to follow the story theme. He was surprised by some of the story elements and tried to make sense of the magical aspect of the story.
 - During a demonstration task, Lucas was able to provide a sequential account of a routine event (e.g., brushing his teeth).
 - Lucas provided coherent accounts of non-routine events (e.g., how he acquired his pet cats). Sometimes he would get focused on specific details (e.g., the number of pages in the Dungeons and Dragons manual) and did not 'check in' to ensure that the clinician was still interested in his comments.
 - When generating a story using objects as props, Lucas' story was considered complete as it contained a story structure (beginning, middle, and ending). He demonstrated some imagination as he was able to use most objects in a symbolic way (e.g., the large dice: main character; smaller dice: gerbil; pen: gas station; card: cage). Only the toy car was used as intended. Lucas' story paralleled some challenges that he described in his own life (i.e., having problems with memory for completing tasks).
- Lucas used a variety of gestures.
 - Lucas used conventional/instrumental gestures such as waves, head nods/shakes to indicate 'yes/no'. As well, occasional points were observed.
 - During the demonstration task (i.e., showing and telling how he brushed his teeth), Lucas used some vague gestures as he described some of the steps. His most descriptive gestures (i.e., hand movements that enact or represent an object or event)

were used when explaining the brushing action. No descriptive gestures were used in less structured activities.

- o Lucas used several emphatic gestures (i.e., hand movements to emphasize a word or idea that is important in a message) but some of them were not well coordinated with his language or were somewhat exaggerated.
- Lucas did not echo any words or phrases but used some language that had a stereotyped quality. Some of his phrases that were used, particularly during the storybook activity seemed rather formal compared to how he expressed himself in other contexts (e.g., The lilypads are the propulsion mechanism, It gives an essence of speed, hyperbolizing, They gained sentience).

Social/Relational

- Lucas' parent have always facilitated social engagement for Lucas and supported him in order to ensure he interacts rather than withdraw. His best friends are his sister and cat and though Lucas is involved in sports and recreation, he is quite isolated and has a great deal of difficulty in engaging and building rapport with his teammates. He has limited friendships.
- Lucas has difficulty taking other people's perspectives and he is prone to being blunt and abrupt, which can come off as angry or rude to others in interactions, though this is not his intent. He struggles with grasping sarcasm and social nuances. He requires significant coaching from his parents to understand when he has made errors in social interactions. These differences or difficulties need to be explicitly pointed out by others and then explained to Lucas. He does then understand but has difficulty generalizing to other social situations.
- Lucas' use of flexible and socially modulated eye to eye gaze as a way of initiating and sustaining interactions across a variety of contexts (e.g., social conversations and answering interview questions) was limited. That is, Lucas occasionally made brief eye contact but most times he averted his eye gaze downward or to the side.
- Lucas did not use a variety of facial expressions to share emotions. He often had a rather flat or neutral affect, which was not congruent with what he was discussing (e.g., explaining that it was bad when he found a dead cat when working for animal care and control, furrowing his brow, even when talking about activities that he enjoyed).
- Lucas made some attempts to gain my attention through verbal and non-verbal means. He pointed towards pictures of interest in the storybook and occasionally volunteered information about himself and his family (e.g., he got Jedi the cat when he was five years old, he teaches swimming lessons, his sister's birthday is in March). While Lucas' social overtures were appropriate to the context, the quality was affected by his lack of eye contact.
- Lucas' social response was variable. While he answered the clinician's questions, took turns during a storybook activity, and completed tasks as requested, he had difficulty consistently picking up conversational leads (see below for more details). As well, Lucas responded in a literal manner, at times, resulting in an awkward exchange. For example, when Lucas told me that one of his friends was born on the same day as him, I replied, 'What are the odds of that?'. Lucas initially responded by saying, "365 twice" but then tried to calculate the odds using paper and pen. Upon realizing that he wasn't able to figure this out, he then responded by saying, "I don't know the math". Lucas occasionally corrected the clinician's word choices (e.g., when talking about the trombone, the clinician used the word 'slide' and he explained the difference between the slide and the gliss).
- Conversationally, Lucas did not initiate conversational exchanges but answered the clinician's direct questions on specific topics. When answering, Lucas would sometimes offer additional information to maintain the conversational exchange. He was less successful at maintaining a back-and-forth exchange when the clinician shared information on her interests or experiences. Although Lucas consistently acknowledged these conversational leads by saying, "cool" or "yeah", he occasionally asked questions to gather more information. While Lucas asked questions about the clinician's pet (e.g., If she had a cat and the age of the cat), he did not ask questions about why she was fearful of water, if she enjoyed taking swimming lessons, why she chose to play the french horn, etc.. Lucas tended to speak about his experiences and while his comments were interesting, there was a lack of reciprocity during the conversational exchanges.
- Interactions with Lucas were sometimes comfortable but not sustained which made it difficult to maintain a consistent social rapport with him.

- Lucas was asked a series of question to gather information about his insight and understanding of interpersonal relationships.
 - When asked about the concept of friendship, Lucas' responses were somewhat concrete (e.g., a friend is someone you talk to a lot and hang out with). He acknowledged that you help your friends and you are nice to one another but did not speak of the emotional connection that friends have with one another. Although he recognized the difference between a friend and an acquaintance and discussed that a friend takes an interest in what you do, he did not talk about the compassion/empathy friends have for each other.
 - Lucas endorsed that he currently had two friends. One friend he met a couple years ago in school and the other he has known most of his life though their friendship has been inconsistent through the years. Lucas shared that he sees these friends at school and that they sit together at lunch and talk about the videogames they play but don't play games together or associate with one another outside of school.
 - In terms of romantic relationships, Lucas shared that he is not interested in marriage. He indicated that people get married to have a permanent friend and for the sexual aspect of the relationship. He had some insight into the benefits and challenges of a long-term relationship such as marriage (e.g., It's nice to have a friend whose always there and in your corner. It's difficult because people get into fights a lot and you are around each other a lot).
 - Lucas has had several jobs (working for animal care and control centre, working at a summer camp, working at the pool as a lifeguard and a swim instructor) and indicated that he has not made friends with any of his co-workers in these jobs. He shared that he hasn't liked a lot of people at the places that he has worked as they have been snarky and mean.
 - When asked about social difficulties, Lucas indicated that he tends to get along well with his family though he gets in trouble at home for not remembering to do things (e.g., daily activities). He described some issues at work where he has said things that others have found annoying and he has been unaware that his comments were considered rude.
 - Lucas shared that he was teased and bullied for a number of years (between grades 2 through 5). He had some insight into the reasons, sharing that he talked differently and got better marks than his classmates. However, he also indicated that he was pushed out of friend groups for being annoying but at the time wasn't aware of anything he did that was bothersome. Currently, Lucas indicated that he can be interruptive, which bothers others.

Emotional/Behavioural

- Lucas has a complex history of mental health challenges that escalated around grade nine. He takes sertraline and and has received support fro his family to help manage his Generalized Anxiety Disorder and Major Depressive Disorder. While he is currently relatively stable, his parents work hard to ensure that they check in on him, support him, and keep a routine including making sure he is sleeping and eating properly. Lucas commented that he is still struggling with these emotional challenges.
- Lucas' parent and teacher completed the BASC-3 mood and behaviour scales and the findings are presented below. Clinically significant scores suggest a high level of difficulty, often requiring intervention, while At-Risk scores indicate a mild to moderate issue that should be monitored and could develop into a more significant problem. Average scores indicate that a child is functioning at a level comparable to their same aged, typical, peers.

BASC-3 Scale	Parent	Teacher
Hyperactivity	<i>At-Risk</i>	<i>Average</i>
Aggression	<i>Average</i>	<i>At-Risk</i>
Conduct Problems	<i>At-Risk</i>	<i>Average</i>
Anxiety	Clinically Significant	<i>At-Risk</i>
Depression	Clinically Significant	Clinically Significant
Somatization	<i>Average</i>	<i>Average</i>
Attention Problems	<i>Average</i>	<i>Average</i>
Learning Problems	Not applicable	<i>Average</i>

Atypicality	Clinically Significant	Clinically Significant
Withdrawal	Clinically Significant	At-Risk

- Both the mother's and teacher's BASC-3 narratives converge on the presence of significant internal distress characterized by depression and anxiety, as well as behavioral dysregulation that appears to arise from difficulties with coping, self-regulation, and social interaction.
- Lucas self-reported, on the BASC-3, Clinically Significant atypicality, locus of control, social stress, anxiety, depression, hyperactivity, and interpersonal relational stress as well as at-risk attention problems.
- Lucas was provided with multiple opportunities to discuss and talk about emotions.
 - When asked direct questions about his own emotions, Lucas was able to describe situations in which he experienced them. For example, Lucas shared that he is happy when he is playing videogames and board games. He worries about getting failing grades and something happening to his cat, Jedi. He is angered when people say mean things or say something wrong. He was very sad in grade 9 as he didn't feel that he had any worth or any value but "got medicine" and now is feeling better. He relaxes by watching movies or playing videogames. When he feels lonely he texts his friends or reaches out to his sister.
 - When asked to describe his body's reaction to these various emotions, Lucas struggled to describe his internal response. He indicated that it was hard to describe what it feels like when he is happy. He indicated that he feels really bad when he is sad. He was able to share that when he is quite anxious it feels like he can't breathe and he has a gross feeling in his stomach. When angry, he feels hot and wants to yell.
 - Lucas recognized the emotions of others (e.g., indicating that his sister feels lonely a lot as she is away at University) but he did not always identify emotions correctly (e.g., during the storybook activity, he had difficulty determining if one of the characters (dog) was frightened or happy).
- Lucas endorsed that he is eager to attend University in the fall in the engineering program. He is thinking of specializing into electrical or bio-medical engineering. Lucas shared that he made decisions about the University he would attend based on the architecture of the campus, the layout of the campus, and the style of dormitories rather than the reputation of the program.
- Lucas endorsed that he will have challenges living on his own, which include eating healthy and cleaning up after himself. He acknowledged that he will have to make a lot more decisions about his day to day life than he currently does. He did not appear concerned about managing his money as he currently is saving approximately \$200 from per month though he endorsed sometimes spending money on buying snack foods.
- Lucas spoke with a rather flat or neutral affect though no differences in rate, volume, and fluency were noted.
- Lucas was observed to rock back and forth in his chair. He also bounced his leg up and down, appeared to tap his hand on his thigh, occasionally chewed his fingernails, and had a twitch in his right eye.
- Some sensory seeking behaviour was observed as he rolled the smaller dice between his fingers and the larger dice between the palms of his hands.
- Lucas described being bothered by loud people, loud noises, and certain smells (e.g., perfumes) as it hurts his nose. He also shared that he does not like being in places where there are a lot of people.

RECOMMENDATIONS

1. Lucas is an intelligent and academically skilled individual, who is kind and works hard. He has a complex presentation and has autism spectrum disorder, major depressive disorder, and generalized anxiety disorder. There is a significant history of bipolar disorder and Lucas self-reports some aspects of hyperactivity, which may be related to anxious agitation or having autism. However, given the risk factors identified, he should be monitored by a specialist, especially as he transitions to adulthood. It is strongly recommended that the family get a referral to connect Lucas to a psychiatrist. Lucas will be experiencing significant changes within the next few months and

transitions are extremely challenging for him. It is critical that he be monitored as these periods of transition can be extremely stressful and have the potential to trigger mental health difficulties.

2. In considering independent living, the plan is for Lucas to reside in a dorm setting. It is very important that Lucas be able to maintain a schedule and get adequate sleep. He has a number of sensory differences and more complex challenges with social function, that may affect him in different ways. It would be beneficial, and is strongly recommended, for him to be housed in a single (not shared) room.
3. Lucas has not seen his therapist in the last 18 months but reconnecting to support the transition he will be making to university, having realistic expectation, and ongoing assistance may be important in navigating the next steps and supporting Lucas' mental health and self-regulation.
4. It is also recommended that the family plan ongoing and daily check-ins once Lucas has moved, in order to monitor his well being and support him as he will have to independently navigate self-care, a complicated and intense academic schedule, and high sensory and social demands in a new environment. Communication with the appropriate services at the University of Calgary will be essential.
5. It may be helpful to consider a modified schedule rather than a full course load until Lucas is more secure and had time to adapt to his circumstances. He may need additional time to complete exams or a quieter environment when writing.
6. Autism Calgary (<https://autismcalgary.com>) (403)250-5033 may be an appropriate resource as Lucas plans to move to the area while attending university. For support and services, inquiries can be made to support@autismcalgary.com.
7. Autism Edmonton (*Autism Society of Edmonton Area*) provides services and support to people in the community who are living with autism spectrum disorder. Autism Edmonton helps Albertans navigate their options for services, find vital information, and develop skills and peer support through facilitated activity and discussion groups. For further information and support, please call Autism Edmonton at 780-453-3971.
8. Lucas's family may benefit from attending Family 2 Family sessions. Parents/caregivers may choose to join Glenrose Hospital clinicians for 1½ hour interactive discussions on topics that affect the quality of life for their children and families. Family 2 Family is a safe environment to gather evidence based information and clinician recommended resources about topics such as behavior, anxiety, emotional regulation, advocacy and more. Parents may bring their questions and real-life scenarios and feel comfortable among other families that have similar concerns and interests. Online sessions are held through Zoom. For more information or receive the Family 2 Family Calendar Please contact PFRC@ahs.ca
9. The Disability Tax Credit (DTC) Certificate can be completed by Lucas's community primary healthcare provider (i.e. Pediatrician, family doctor, etc.). Please refer to the DTC Certificate for the listing of eligible healthcare providers.
10. Lucas will continue to require ongoing monitoring of his progress with the provision of an Individualized Program Plan (IPP) along with appropriate classroom accommodations and teaching strategies for a child with ASD. Lucas's teaching team may refer to various Alberta Education programming resources to adapt his program to meet his individual needs. Programming and/or instructional strategies for ASD are outlined in the resource entitled *Teaching Students With Autism Spectrum Disorders*, the ninth book in the *Programming for Students with Special Needs Series* created by Alberta Education special Programs Branch. He would benefit from connection to student services at the University of Calgary, for educational guidance and support
11. The AIDE Canada library is open to everyone and provides information on Autism and disabilities.

Members have access to books, audio-books and ebooks. More information about the AIDE Canada library can be found at: <https://library.aidecanada.ca/>.

12. The family may wish to access the resource: Preparing for Life: The Complete Guide for Transitioning to Adulthood for those with Autism and Asperger's by Jed Baker.
13. Lucas and his family may find the Self-Determination Tool Kit helpful. It is a resource that supports teens and young adults on the Autism Spectrum with setting and pursuing self-determined goals. More information can be found at <https://www.vanderbilt.edu/autismandinnovation/2020/08/06/new-toolkit-available-helping-young-autistic-people-set-self-determined-goals/>
14. The Centre for Autism Services Alberta offers the CommunityWorks Canada® program to teens with autism who are currently in school. The program is delivered during after-school hours and provides participants with the opportunity to work with community partners to learn about the community, develop work skills, build social skills and communication strategies. More information is available on their website:
<https://centreforautism.ab.ca/age/employment-readiness-teens-13-17/>
15. Autism Can Tech! works with both youth with autism and employer-partners to support the development of inclusive and accessible workplaces and removes barriers for autistic professionals to get employed. More information about their programs can be found on their website:
<https://autismcantech.ca/home.aspx>
16. Multiple resources for social skills development for high functioning adolescents are available at: <https://www.socialthinking.com/books-products/products-by-age-range/high-school-a-transition-into-adulthood>
17. Lucas's family may self-refer to the Sexual Health Service at the Glenrose Rehabilitation Hospital. This is a confidential service that provides education and counseling to people who have had their sexual health impacted by injury, illness or disability. For more information visit their website at www.ahs.ca/grhsexualhealth or call 780-735-6290. Sexual Health Service provides:
 - Education and information to individuals, families, partners, caregivers and professionals
 - Assessment and treatment of sexual health concerns
 - Services are available to people of any age, sexual orientation or relationship status, as well as family members and caregivers.

Social Skills

1. Multiple resources for social skills development for high functioning adolescents are available at: <https://www.socialthinking.com/books-products/products-by-age-range/high-school-a-transition-into-adulthood>
2. The use of visual cues and strategies can help him in social and classroom activities. Direct teaching related to reading social cues may be useful for Lucas. Useful resources for social communication include:
 - Garcia-Winner, Michelle (2000) Inside Out: What Makes the Person With Social-Cognitive Deficits Tick? London: Jessica Kingsley Publishers.
 - Website: www.socialthinking.com

Anxiety and Depression

1. Lucas exhibits signs of anxiety and depression according to our assessment and parent and teacher report. Lucas may continue to benefit from working with a therapist to help develop skills to manage his worries. The family may contact Child and Adolescent Mental Health (CAMH) to access these services by calling 825-402-6799.
2. Lifestyle habits such as maintaining a physically active lifestyle (at least 1 hour of moderate-to-

intense physical activity, at least 3 times per week), improving sleep-hygiene, eating a healthy diet, learning Cognitive Behavioral (CBT) strategies to manage anxiety, being socially active and limiting screen time (no more than 2 hours of recreational use per day) are important factors in managing anxiety. In addition to these strategies, using medication for treating anxiety and depression may also be necessary.

3. If the primary health provider needs support or consultation regarding medical management of mental health, a few options include:
 - Family self-referral to ACCESS Open Minds (age 16-25) accessopenminds.ca
 - Accessing physician-to-physician consultation with a Child and Adolescent Psychiatry or General Pediatrics through <http://pcnconnectmed.com>
 - Referring to Community Child and Adolescent Psychiatry
 - Referring to a Community General Pediatrician
 - Referring to the Child Health Behavior Clinic at the Misericordia (General Pediatrics or Developmental Pediatrics)
 - Referring to Recovery Alberta Clinics (Phone: 1-825-402-6799) for:
 - The East Edmonton Health Centre Learning and Development Clinic (Developmental Pediatrics or Child and Adolescent Psychiatry)
 - The Genetic Counseling & Genomic Psychiatry Consult Services at the East Edmonton Health Centre Learning and Development Clinic (Child and Adolescent Psychiatry)
 - Referring to the Glenrose Rehabilitation Hospital Neurodevelopmental and Autism Consult Service (phone 780-735-6134)
4. The following websites offer suggestions, tools, and resources to address anxiety:
 - <http://www.anxietycanada.com/>
 - <http://www.keltymentalhealth.ca>
 - <http://www.ementalhealth.ca/>
 - <http://www.shared-care.ca/toolkits>
 - <https://library.aidecanada.ca/>
5. Learning Mindfulness and Cognitive Behavioral Strategies (CBT) can help to relieve stress. Some useful apps to help families and youth learn these strategies are:
 - Woebot Health
 - MindShiftCBT
 - Breathr
6. Anxiety print resources for parents include:
 - "Parenting the Anxious Child" by Ronald Rapee
 - "Freeing your child from anxiety" by Tamar Chansky.
7. Anxiety print resources for parents of teens include:
 - "Helping your Anxious Teen" by Dr. Sheila Achar Josephs
 - "The Anxiety Workbook for Teens: Activities to Help You Deal with Anxiety and Worry" by Lisa M. Schab
 - "The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance" by Drs. Matthew McKay, Jeffery Wood, and Jeffery Brantley
 - "The Teen's Guide to Social Skills: Practical Advice for Building Empathy, Self-Esteem, and Confidence" by Kate Fitzsimons
 - "Mindfulness for Teen Anxiety" by Dr. Christopher Willard
 - "The Self-Esteem Workbook for Teens" by Lisa M. Schab

Other recommendations/strategies may be detailed in the final Composite Report to follow.

The family will be contacted by our social worker for follow-up post new diagnosis. If you would like to

Speak with her sooner, please call 780-735-7999, extension 15370.

Lucas will require follow-up with his primary care physician for routine health maintenance and ongoing and emerging medical concerns. No follow-up through the School-Age Neurodevelopmental Assessment Clinic (SNAC) is planned.

The following people were involved in this assessment:

Dr. Paula Blashko, Registered Psychologist
Diana Rae Tobin, Speech Language Pathologist

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/slg

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