
**Intake and Assessment Form
MILE TWO CHURCH LTD.
LEGACY CHRISTIAN ACADEMY
(FORMERLY CHRISTIAN CENTRE ACADEMY)**



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Getting Help and Support

Getting Counselling Support

Throughout this process you will be asked for information about the abuse you suffered at Legacy Christian Academy (formerly Christian Centre Academy). This Intake Form asks you to write, in detail, about the abuse and how it has affected you. Having to do this may disturb you.

If you feel anxious or unwell when you think about your school experience, or while you are filling out this Intake Form, you may want to have someone with you or nearby for support, such as a family member, counsellor, friend or someone else you trust. Ask for help if you need it. Take as long as you need to fill out this Intake Form.

Section 1 – Personal Information

1. Titles

- Mr.
- Mrs.
- Ms.
- Miss.
- Mx.
- Let me type

Current Last Name

First Name

Middle Name

2. Full Name While Attending Legacy Christian Academy (formerly Christian Centre Academy) if different

3. Contact Information

Street and Apartment Number

P.O. Box or RR#

City

Province

Postal Code

Phone Number

Email Address

4. Where and how should we contact you (for example, at work, home or by email, phone or fax, or through someone you know)

If you want to be contacted by phone, can we leave you a message?

- Yes
- No

5. Your Birth Date

6. Gender Identification

- Male
- Female
- Non-Binary
- Transgender
- Intersex
- Let me type
- I prefer not to say

Section 2 – School Information

When did you attend Legacy Christian Academy (formerly Christian Centre Academy)

From

To

Grade

Age

Year

PLEASE READ BEFORE TURNING THE PAGE

The following pages ask you for detailed information about the abuse you suffered at Legacy Christian Academy (formerly Christian Centre Academy). These questions may trigger certain memories and bring painful feelings. Because of this we suggest that you proceed slowly and that you be in a safe place when you look at and answer these questions.

We recommend you read and complete the following pages with a support person nearby if needed, such as a family member, counsellor, friend or someone else you trust.

Section 3 – The Abuse

1. In your own words please tell us **who** abused you (give all names this person may have been known by, say if this person was male or female, student or staff, and give this person's job or position), **what** happened, approximately **when and how often** the abuse happened and where it happened. Give as much detail as you can.

If you need further space please add pages at the end of the document

2. Aggravating Factors

What other circumstances, if any, did you experience that worsened the effects of the abuse you suffered? Please check any aggravating factors that apply to your claim:

Verbal abuse

Humiliation

Racist acts

Degradation

Threats

Particular vulnerability or young age

Violence accompanying sexual abuse

Use of religious doctrine, religious paraphernalia or religious authority during, or in order to facilitate abuse

Failure to provide care or emotional support following abuse requiring such care

Betrayal (that is, you were abused by an adult who had built a particular relationship of trust and caring with you)

Witnessing another student being subjected to abuse

Intimidation

Inability to complain

Section 4 – The Harms Suffered and Treatment Received

1. For each of the incidents of abuse, please tell us in your own words how the abuse has affected your life. Give as much detail as you can.

2. If you listed a **physical injury** what physical injury did you suffer and how long did it last?

3. Did you receive treatment for this **physical injury** while at the school or after leaving the school?

Yes No

If yes, please describe the type of treatment, who provided the treatment and when and where it was provided.

4. Have you ever received treatment or counselling for **emotional, mental or psychological effects** of the abuse you suffered?

Yes No

If yes, please describe the type of treatment or counselling you received, who provided the treatment and when and where it was provided.

Section 5 – Education and Work History

1. Please give details of your formal education or other training after leaving the school.

School, college, university or training facility attended	Approximate dates		Level reached or degree, diploma or certificate obtained
	From	To	

2. Please give details of your work history, whether it was paid or volunteer.

Name of your employer and job title.	Approximate dates		Income Earned	Reasons why you changed jobs or left this work.
	From	To		

3. Please explain how the abuse you suffered affected your **education, training and work history**.

Section 6 – Future Care

1. Are you interested in having or continuing **treatment or counselling** in the future for the abuse you suffered?

Yes No

If yes, please explain and give details of what type of treatment or counselling you intend to pursue or continue. Estimate the number of treatments or sessions and provide an approximate cost for them.

2. How has the abuse affected your relationship with friends, family, and partners?