



TEEN GROUP-FALL 2010

Description "Teen Group" is:

- for TEENS diagnosed with Asperger's Disorder or High Functioning Autism
- designed to improve friendship behaviors and social skills
- designed to provide support for teens who may be isolated from peers
- designed to promote self-esteem through success experiences
- designed to help improve the teen's ability to act positively and effectively with others
- designed to have a maximum of 8 teens per group
- developed and directed by Michelle DePolo, Psy.D., Child/Pediatric Psychologist

How

The program promotes social development, friendship skills, and self-esteem in two formats:

- **Center-Based-(7 groups)** provides direct and indirect instruction about targeted social behaviors, coping, problem solving and emotions through formal and informal group discussions and activities
- **Community-Based-(3 groups)** provides opportunities ("incidental teaching moments") for teens to practice their skills in community settings such as bowling, lasertag, restaurants
- **Treatment goals are specifically tailored to meet the needs of the group. Targeted skills and topics include:**

making/keeping friends	conversational manners	reducing social anxiety
resilience from depression	non-verbal communication	responding to teasing
two-way conversation	sportsmanship/losing	staying on topic
building self-esteem	understanding social cues	problem solving

Who: "TEEN GROUP" is for:

- Teens who are in middle or high school (approximately ages 13-18)
- Teens diagnosed with Asperger's Disorder or High Functioning Autism
- Teens who have primary placement in a regular education setting
- Teens who have generally average speech and language skills

When and Where

- Thursday evenings from 6:00-7:00 p.m. at KidsLink NeuroBehavioral Center. (Map available at www.kidslinkohio.com)
 - Groups meet for 1 hour for a 10 week program

Fall 2010 DATES:
THURSDAY PROGRAM
9/16
9/23
9/30
10/7
10/14
10/21
10/28
11/4
11/11
11/18

Cost

- The program fee is \$500.00
- To reserve your spot, please send payment of \$250.00 with the attached application. The remaining \$250.00 is due at the first group
- Per guidelines of your insurance, the program costs may be reimbursable under the CPT code 90853 (group psychological treatment).

Application and Enrollment Process

- Please complete the attached application and return it with your payment to: KidsLink NeuroBehavioral Center: Attention: Dr. Michelle DePolo, 2132 Case Parkway North, Suite A, Twinsburg, Ohio 44087.
- Parents are encouraged to reply as early as possible, as enrollment is limited. Call KidsLink at 330-963-8600 with any questions.

We look forward to working with you and your teen!



Application-TEEN GROUP

PROGRAM-Fall 2010

TEEN INFORMATION:

Name: _____ DOB: _____ Age _____

Address: _____

Medical Problems (if any): _____

Medications (if any): _____

FAMILY INFORMATION:

Mother's Name: _____ Home Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____ Work Phone: _____

Parents are: _____ Married _____ Separated _____ Divorced;

If divorced: ___ shared parenting ___ primary custody with _____

Siblings (Names and Ages): _____

EDUCATION INFORMATION

What is the name of your child's school? _____

What grade is he/she in? _____

Please describe your child's current educational program (i.e., regular education, inclusion, special education services, supplemental therapies, etc.):

What are your goals for your child's participation? You may wish your child to develop certain skills, for example. If so, name the skills.

Please describe the best things about your child.
