

## TEEN GROUP-WINTER 2023

### 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 ability to act positively and effectively with others
- designed to have a maximum of 10 per group
- developed and directed by Michelle DePolo, Psy.D., Child/Pediatric Psychologist
  - Facilitated by Rachel Kallin, EdD, BCBA and Rachel Undercoffer, MEd, EdS

### How

The program promotes social development, friendship skills, and self-esteem as well as addressing current issues and problem solving skills in a group format:

- Sessions will be held in-person and teen participants will be guided through discussions on topics including but not limited to:
  - making/keeping friends
  - resilience from depression
  - two-way conversation
  - building self-esteem
  - conversational manners
  - non-verbal communication
  - navigating life's challenges
  - understanding social cues
  - reducing social anxiety
  - responding to teasing
  - staying on topic
  - problem solving

### Who: "Teen group" is for:

- Teens who are in middle school or high school
- 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 at KidsLink from 5:00-6:00p.m.
- Groups meet for 1 hour for a 9 week program

<b>WINTER 2023 DATES</b>
January 19
January 26
February 2
February 9
February 16
February 23
March 2
March 9
March 16

### **Cost**

- The program fee is \$450
- To reserve your spot, please send payment of \$100 with the attached application. The remaining \$350 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 899 Frost Road Streetsboro, Ohio 44241 Attention: Katrina Mullen
- **Parents or young adults 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!*

**TEEN INFORMATION:**

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Medical Problems (if any): \_\_\_\_\_

Medications (if any): \_\_\_\_\_

**FAMILY INFORMATION:**

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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**

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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.

How did you hear about the group? \_\_\_\_\_