

YOUNG ADULT GROUP-SUMMER 2024

Description "Young Adult Group" is:

- for Young Adults diagnosed with Asperger's Disorder or High Functioning Autism
- designed to improve friendship behaviors and social skills
- designed to provide support for young adults 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 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 young adult 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: "YOUNG ADULT group" is for:

- Young adults who are 16 years and older
- Young adults diagnosed with Asperger's Disorder or High Functioning Autism
- Young adults who have/had primary placement in a regular education high school, attend
 post secondary training programs or are competitively employed.
- Young adults who have generally average speech and language skills

When and Where

- Thursday evenings at KidsLink from 6:15-7:15 p.m.
- Groups meet for 1 hour for a 9 week program

SUMMER 2024 DATES					
May 2					
May 9					
May 16					
May 23					
May 30					
June 6					
June 13					
June 20					
June 27					

<u>Cost</u>

- The program fee is \$540.
- To reserve your spot, please send payment of \$100 with the attached application. The remaining \$440 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.



YOUNG ADULT INFORMATION:					
Name:		DOB:	Age		
Address:					
Medical Problems (if any):					
Medications (if any):					
FAMILY INFORMATION:					
Parent Name:		ne Phone:	Work Phone:		
Parents are:Married	Separated	Divorced;			
Siblings (Names and Ages):				_	
Who do you currently live with?				_	
EDUCATION/EMPLOYMENT I	NFORMATION	1			
What is the name of your school/pro	ogram or place of				
Please describe your current educati	ional or vocations	al program.			
What are your goals for participatio	n? You may wis	h to develop certain	skills, for example. If so, name the	skills.	
Please describe the best things about	ıt you.				
How did you hear about the group?					