

Young Men's Social Group - Fall 2025

Ages: 19 years+

Overview:

The purpose of this group is to help Autistic young adult males strengthen their social communication skills and to:

- Provide social support for young adults who may feel isolated from peers
- Improve the ability to act positively and effectively with others
- Developed by Michelle DePolo, Psy.D., Child/Pediatric Psychologist

How/Who:

The program will utilize approaches from research-based programs that promote social development through activities in a group format. Sessions will be in-person and allow participants to learn new skills while socializing with others their age.

- The program is designed for young adults that maintain generally adequate speech and cognitive ability skills.

Details:

- Thursday evenings at KidsLink Neurobehavioral Center from 6:15pm-7:15pm
- 9 week session:
 - September 4, 2025
 - September 11, 2025
 - *(No group during the week of 9/18)*
 - September 25, 2025
 - October 2, 2025
 - October 9, 2025
 - October 16, 2025
 - October 23, 2025
 - October 30, 2025
 - November 6, 2025
- Cost: \$540
 - To reserve your spot, please send payment of \$100 with the attached application. The remaining \$440 is due at the first group meeting.
 - *Cost is not prorated if a participant cannot attend one of the dates listed above. It is expected that a participant is in attendance for all meetings.*
- Per guidelines of insurance, the program costs may be reimbursable under the CPT code 90853 (group psychological treatment).

Facilitated by:

Rachel M. Undercoffer, Ed.S., NCSP, BCCS, SP #629
Independent School Psychologist
Board Certified Cognitive Specialist

Please complete the attached application and return it with your payment to:

*KidsLink Neurobehavioral Center
Attention: Melanie Collins
899 Frost Road, Streetsboro, Ohio 44241
Call KidsLink at 330-963-8600 with any questions*



Young Adult INFORMATION:

Name: _____ DOB: _____ Age: _____
Home Address: _____
Guardian Name: _____ Phone: _____
Email: _____

In Case of Emergency:

Contact Name: _____ Phone Number: _____
Relationship to Individual: _____

MEDICAL/PSYCHOLOGICAL:

Diagnoses: _____
Allergies (environmental & food): _____
Medications: _____

Additional Information to be completed by the young adult:

How do you spend your time during the day/evening? Do you work, attend school, volunteer?

What is your goal for attending this group?

What skills do you need to strengthen?

What are your strengths or interests?