

Young Adult Social Group - Spring 2026

Ages: 19 years+

Overview:

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

- Provide social support for young adults who may feel isolated from peers
- Promote self-esteem through success experiences
- Improve the ability to act positively and effectively with others
- Developed and directed 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.

- Topics will include: *conversational etiquette; understanding social cues; and building confidence in social interactions.*
- The program is designed for young adults that maintain generally adequate speech and cognitive ability skills.

Details:

- Thursday evenings at KidsLink Neurobehavioral Center from 5:30pm-6:30pm
- 9 week session:
 - April 2, 2026
 - April 9, 2026
 - April 16, 2026
 - April 23, 2026
 - April 30, 2026
 - May 7, 2026
 - May 14, 2026
 - May 21, 2026
 - May 28, 2026
- 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?