

## TEEN GROUP-WINTER 2022

**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, BCBA, Ed.D & Lindsey Trump, BCBA, Ed.S

**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	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 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

WINTER 2022 DATES:
January 20
January 27
February 3
February 10
February 17
February 24
March 3
March 10
March 17

### 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:**

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.):

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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.

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Please describe the best things about your child.

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