



YOUNG ADULT GROUP-Fall 2021

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 successful 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
 - o 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: "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 from 6:15-7:15 p.m.
 - Groups meet for 1 hour for a 9 week program

FALL 2021 DATES:
September 23
September 30
October 7
October 14
October 21
October 28
November 4
November 11
November 18

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 & your young adult!



YOUNG ADULT INFORMATION:

Name: _____ DOB: _____ Age _____

Address: _____

Medical Problems (if any): _____

Medications (if any): _____

FAMILY INFORMATION:

Parent Name: _____ Home Phone: _____ Work Phone: _____

Parents are: _____ Married _____ Separated _____ Divorced;

Siblings (Names and Ages): _____

Who do you currently live with? _____

EDUCATION/EMPLOYMENT INFORMATION

What is the name of your school/program or place of employment? _____

Please describe your current educational or vocational program.

What are your goals for participation? You may wish to develop certain skills, for example. If so, name the skills.

Please describe the best things about you.
