

Teen Social Skills Group- Fall 2024

Ages: 14-18 years

Overview:

The purpose of this group is to help teens strengthen their social communication skills to improve their ability to:

- Awareness of their actions in social situations
- Respecting boundaries of others
- Better understand the nuances of social communication & nonverbal body language
- Increase the ability to engage in perspective-taking
- Provide opportunities for children who feel more isolated to interact positively with others

How/Who:

The program will utilize structured lessons from research-based programs that promote social development through activities & games in a group format. Sessions will be in-person and allow participants to learn new skills while socializing with new peers.

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

Details:

- Thursday evenings at KidsLink Neurobehavioral Center from 4:30pm -5:30pm
- 6 week session:
 - September 5
 - September 12
 - September 19
 - September 26
 - October 3
 - October 17
- Cost: \$360
- To reserve your spot, please send payment of \$100 with the attached application. The remaining \$260 is due at the first group.
- 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

PRE-TEEN INFORMATION:

Child's Name:

DOB:

Age:

Home Address:

School:

Grade:

Parent Name:

Phone:

Email:

In Case of Emergency:

Contact Name:

Phone Number:

Relationship to Child:

MEDICAL:

Conditions/Diagnoses:

Allergies (environmental/food):

Medications:

Additional Information:

What is your goal for your child's participation in this group?

What skills does your child need to strengthen?

What are your child's strengths or interests?

How did you hear about this group?

Any additional information that clinicians should know about your child?