

Teen Social Skills Group- Winter 2025

Ages: 14-18 years

Overview:

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

- 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 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: *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 5:15pm-6:15pm
- 8 week session:
 - January 23, 2025
 - January 30, 2025
 - February 6, 2025
 - February 13, 2025
 - February 20, 2025
 - February 27, 2025
 - March 6, 2025
 - March 13, 2025
- Cost: \$480
 - To reserve your spot, please send payment of \$100 with the attached application. The remaining \$380 is due at the first group meeting.
 - *Cost is not prorated if a child cannot attend one of the dates listed above. It is expected that a child 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



TEEN INFORMATION:

Child's Name: _____ DOB: _____ Age: _____
Home Address: _____
School: _____ Grade: _____
Guardian Name: _____ Phone: _____
Email: _____

In Case of Emergency:

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

MEDICAL:

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 we should know about your child?