

## Young Adult Social Group - Spring 2025

### 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 6:15pm-7:15pm
- 8 week session:
  - April 10, 2025
  - April 17, 2025
  - April 24, 2025
  - May 1, 2025
  - May 8, 2025
  - May 15, 2025
  - May 22, 2025
  - May 29, 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 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?