



Social Groups

Spring 2010

Thanks for showing interest in our therapy groups! Group therapy is a fun and successful way to target language skills in a social setting and to compliment individual treatment. Enrollment is accepted on a first come, first serve basis. Age ranges are given to approximate skill level and group placement will be dependent on the child's skill level to ensure the best fit. Please consult your therapist to determine the appropriate group placement if questions arise. Please direct any questions to a speech therapist or the front desk. We look forward to your participation!

Group Information:

Each group's goals are determined based on the individual needs of each child in the group. The following objectives may be targeted in the group setting:

- Initiating interactions and communication with peers
- Improving engagement in social settings
- Initiating and maintaining eye contact
- Identifying and responding to emotions
- Turn-taking during conversations
- Listening and following directions in a group setting
- Sequencing and organization
- Improving the ability to work together and work as a member of a team.
- Improving problem solving skills
- Improving conversational skills
- Improving ability to analyze and repair communication

Scheduling and Fees:

- Social Groups meet once a week for 10 weeks.
- Each session is 50 minutes in length.
- The groups will begin the week of March 22nd and will end the week of May 24th. The week of May 31st will be a make-up week should a therapist need to cancel a session.
- Registration is due by March 8th.
- The cost of the group program is \$800 billed to insurance at the end of the 10 week session. Please consult your insurance company to determine if group therapy is covered (code 92508), since it is often not a covered service.
- An administrative discounted rate of \$600 is offered to families paying **in full in advance** and assuming responsibility for insurance reimbursement. The full amount will be charged even if every session is not attended.
- Groups may be cancelled due to low enrollment.



Social Group Registration
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Session Dates: March 22nd . May 24th

Child's Name: _____

Child's Date of Birth: _____ Age: _____

Family Information:

Home Address: _____

Family e-mail: _____

Home Phone Number: _____

Cell Phone Number: _____

Please check services your child currently receives at KCD:

Speech-Language Therapy

Occupational Therapy

Physical Therapy

Group Schedule: *(Please check)*

8-10 year olds

Mondays at 5 p.m.

Adolescents

To be determined

4-6 year olds

To be determined

5-7 year olds

To be determined

If you are interested in a group but cannot come at the scheduled time, please fill out the form and let us know your availability. We will try to accommodate as many children as possible.

Method of Payment: *(Please check one)*

I'd like to take advantage of the administrative discounted rate (\$600) to families who pay in advance. Insurance billing is the responsibility of the legal guardian. Payment is accepted in cash, check, or credit card and is due at the time of registration.

I'd like Kids Can Do, Inc. to bill my insurance at the rate of \$800. Payment is ultimately the responsibility of the legal guardian.

Parent/Guardian Signature _____



Social Group Questionnaire

Child's Name _____ Age: _____

1. What are your goals for your child regarding social group?

1. _____

2. _____

3. _____

2. In your opinion, what are some of your child's strengths?

1. _____

2. _____

3. _____

3. In your opinion, what are some of your child's challenges?

1. _____

2. _____

3. _____

4. How does your child interact with other children?

5. Does your child have any food allergies or limitations we should be aware of?

YES NO

6. Is there anything else we should know about your child?
