



## Social Skills Group for Teens and Young Adults

PEERS® is an evidence-based social skills program for motivated teenagers and young adults who are interested in learning skills to make friends and maintain relationships as well as navigate common social challenges. This internationally acclaimed program was originally developed at UCLA by PEERS® Clinic Founding Director, Dr. Elizabeth Laugeson. PEERS® is designed for teens or young adults with Autism Spectrum Disorder. During each group session, participants are taught important social skills and are given the opportunity to practice these skills. The program addresses a wide variety of social topics, including: using conversational skills, finding common interests, use of humour, appropriate friendships, social gatherings, handling disagreements, and coping with rejection – just to name a few.

An important element of the program is the role of the “Social Coach”. A social coach can be a parent, caregiver, adult sibling etc. and this person is required to attend every week to learn how to support the teen or young adult through the program. The participant must be motivated to attend the program with the social coach for the program to be successful.

During the group sessions, the social coach will be provided with separate training sessions to provide them with knowledge and skillset to enhance the participant’s social capacity. The participant and social coach will come together for the last section of each session to consolidate what they have learned. The social coach is also expected to provide feedback to the participant through weekly homework tasks.

At AYS we offer 2 PEERS® program groups:

### The **PEERS® for Teens**

Suitable for Year 7 students or above or ages 14-18 years and is a 14-week program.

### The **PEERS® for Young Adults**

For individuals aged 18-38 and is run over a 16-week period.

Please select the group for enrolment:			
<b>PEERS® for Teens</b>	<input type="checkbox"/>	<b>PEERS® for Young Adults</b>	<input type="checkbox"/>

**Please Note:** completing this form does not automatically enrol the participant into the PEERS® program. Due to the intensity and high expectations of participants and social coaches, a strict eligibility criteria applies. There are 2 stages for establishing eligibility: Stage 1 – an intake checklist and registration form; Stage 2 – a 2hr pre-program interview. Enrolment will be confirmed once these stages are completed and the participant is deemed suitable.

## Stage 1: Please complete the following eligibility checklist

Please ensure that all questions are answered:

Is the participant in Year 7 or above or aged between 14 and 38 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant have a diagnosis of Autism Spectrum Disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant have an FSIQ above 70?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant experience difficulties socialising with others and/or expressing emotions in appropriate ways?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the participant actively participate in a 1 to 3 group ratio and not pose a risk to the safety or learning outcomes of themselves or others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the participant socially motivated, or likely to be motivated to attend and complete the PEERS® program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a social coach who is able to commit to a 90-minute training session for each week of the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a social coach who is able to commit to supporting the participant through the program, including homework tasks? <i>It is recommended that if social coaches are facing significant stressors in their own lives that it is best to postpone the program to a time when they have more capacity to engage with the program</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***If you answered “NO” to any of the above questions, please contact the PEERS Intake team to discuss.***

***If a participant does not have the current funds for the program, but would like to establish eligibility and have a report completed with quote for their next NDIS plan please complete this intake form.***

**At AYS we aim to group our participants with peers of similar age and maturity to ensure that they get the most out of the program. Even if the participant is deemed to be eligible for the PEERS® program, there may be a possibility that they may have to wait for a more suitable group of participants.**

## Participant Details:

<b>First Name</b>		<b>Surname</b>	
<b>Preferred Name</b>		<b>NDIS Number</b>	
<b>Plan Start Date</b>		<b>Plan End Date</b>	
<b>Type of plan claim</b>	<input type="checkbox"/> NDIS claim <input type="checkbox"/> Plan managed <input type="checkbox"/> Self Managed	<b>Plan Management Agency (if applicable)</b>	
<b>Email for invoicing</b>	<b>(self-managed or plan-managed only):</b>		

<b>Address</b>			<b>Postcode</b>	
<b>D.O.B.</b>		<b>Age (in years)</b>		
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not specified	
<b>Participant Living arrangements?</b>				

<b>Participant's Country of birth</b>			<b>Does the participant identify as Aboriginal or Torres Strait Islander</b>	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No
<b>Is English the participant's first language</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If no, please indicate how well the participant speaks and understands English</b>	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Reasonably Well <input type="checkbox"/> Poorly <input type="checkbox"/> Very Poorly
<b>Does the participant have any specific cultural needs</b>				

<b>Social Coach</b>		
<b>Relationship to participant</b>		
<b>Mobile</b>		
<b>Email</b>		
<b>Phone</b>		
<b>Apart from the above social coach, is there another person who will be supporting the participant in the program?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, Name</b>		
<b>Relationship to participant</b>		
<b>Mobile</b>		
<b>Email</b>		
<b>Phone</b>		

<b>Support Coordinator Name (if applicable)</b>	
<b>Organisation</b>	
<b>Email</b>	
<b>Mobile</b>	

<b>Participant's School or Place of Work (if applicable)</b>		
<b>Year Level/Occupation</b>		
<b>Does the participant receive any assistance or support at school or work</b>	<input type="checkbox"/> Yes Describe:	<input type="checkbox"/> No

<b>Does the participant have any additional diagnoses?</b>

<b>Does the participant have any medical conditions, allergies or health concerns</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe:		
Does this condition require a management plan: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy to the facilitator		
Does this condition require emergency medication: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		

<b>Does the participant take any medications</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please list all medications and what each medication is for		
Name		
-		
-		
-		

<b>Please describe the participant's self-care needs</b>

<b>Please describe the participant's overall behaviour, including any potential areas of concern</b>

<b>Has the participant received previous support or therapy for managing his/her emotions or for social skills development</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe what this involved (i.e. individual speech therapy, social skills groups etc)		

<b>Is the participant currently receiving support or therapy for managing his/her emotions or for social skills development</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe what this involved (i.e. zones of regulation, superflex program, etc.)		

*This program requires a significant amount of commitment from the participant so it is important to consider whether continuing with regular ongoing individual therapy sessions is appropriate for the duration of the PEERS® program.*

<b>What are the participant's strengths, interests, hobbies or motivating activities?</b>

<b>What are the participant's fears, dislikes, or aversions?</b>

<b>Has the participant been diagnosed with any mental health conditions</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, include diagnosis, when diagnosis was made and by whom		

<b>Please indicate which of the following social problems the participant is currently experiencing:</b>	
<input type="checkbox"/> No get togethers	<input type="checkbox"/> Inappropriate peer group
<input type="checkbox"/> No friends at school or work	<input type="checkbox"/> Aggressive/mean to peers
<input type="checkbox"/> Socially isolated	<input type="checkbox"/> Bullying/Teasing

**Please list the three main social goals from the participant's NDIS Plan, to be addressed during involvement in the PEERS® program:**

1.

2.

3.

**Please list any other relevant information that the facilitators might find useful:**

## CONSENT:

*Personal information is collected by Access Your Supports and used and stored in accordance with our obligations under relevant privacy legislation and the Australian Privacy Principles, and may include making disclosures that are necessary to deliver high standard and effective services to you and to monitor and evaluate the quality of those services. Additionally, de-identified information may be used for the purposes of program evaluation and reporting to funding bodies.*

*I understand that within legal limitations and Access Your Supports ethical guidelines and policies my work with the organisation is confidential.*

*I understand and consent for the group facilitators:*

- To consult with his/her colleagues within Access Your Supports if required.*
- I/we understand that my information is collected and stored in a file and that Access Your Supports collects non-identifying data for the purposes of reporting to funding bodies and gathering statistical information.*
- I/we give consent for the group facilitator to contact the participant's other providers in order to provide the best possible service;*

**All participants under the age of 18 years of age must have a parent/guardian sign consent on their behalf.**

<b>Participant/Parent Signature</b>	
<b>Participant/Parent Name</b>	
<b>Date</b>	

**Once the intake period is closed you will be contacted to arrange an appointment for the pre-program interview. This interview takes approximately 2 hours and requires both participant and social coach(s) to attend. This interview is included in the pricing in the service agreement (at the end of the document). If you fail to attend the interview without notification the fee for the 2 hours will be claimed from the participant's plan in accordance with NDIS policies.**

**If the participant is deemed ineligible for the program after attending the pre-program interview, only the fee for the interview will be claimed. Once this has been claimed the service agreement will be cancelled.**

**If the participant is eligible but unable to attend the current program they will be placed in the next PEERS® program. Only the fee for the interview will be claimed from the current service agreement.**