

Little's Social Group Application

Summer 2026



For over five years, we've offered social groups that help neurodiverse adolescents build meaningful connections and develop essential social-emotional skills through authentic peer interaction in a supportive, inclusive setting.

Our preschool social groups provide sensory-enriching and novel experiences designed to support each child's regulation, communication, and engagement. Through intentional modeling, narration of observations, and relationship-based interactions, we foster social-emotional development in a supportive, neuro-affirming environment. Children are encouraged to explore, connect, and build skills through play while developing flexible thinking and a growth mindset.

Each group is intentionally small and facilitated by professionals specializing in social-emotional development and sensory processing. We provide individualized support and thoughtfully form groups based on "goodness of fit," considering age, interests, strengths, and needs to ensure a positive and enriching experience for every participant.

** Please email completed application and any questions to: **
groups@rootstherapeuticservices.com or fax to (855)390-7008

Important Details:

- Applying is free - no commitment required until group placements are finalized.
- You'll be contacted approximately 2-3 weeks before the group start date to confirm and register.
- Group includes a short child profile about all that the group has provided your child and observations made.
- If severe weather causes a cancellation (which rarely occurs), group leaders will decide whether to schedule a make-up meeting or provide a refund/fee waiver for that week (\$69).
- HSA and EFA payment methods accepted but insurance is not able to cover.

Spring 2026 Little Group Details

10 Weeks: June 22 - August 28

Cost: \$690 (\$69/week)

Ages 3-5 on Tuesdays 9:00-10:30am

Profile Information

Child Name: _____ Date of Birth: _____

Parent/Guardian 1:

Parent/Guardian 2:

Name: _____

Name: _____

Email: _____

Email: _____

Phone#: _____

Phone#: _____

Let us get to know you.

Please share what you feel comfortable disclosing. This information helps us form a group that offers the best support and strongest peer connections for everyone.

Diagnosis (if any): _____

Medical needs that would be important to know:

Current education or childcare setting and level of participation:

Please describe social groups/settings that your child has participated in and their experience.

What accommodations, approaches, or supports would benefit your child's engagement?

What are your child's interests, strengths, and challenges?

What else would you like us to know about your child and/or family?

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