Middles Social Group Application

Winter 2027

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.

The Middles group creates a supportive environment where youth can explore social conflicts, solve problems together, and learn to see situations from different perspectives. Caring professionals stay closely engaged to mediate, support communication, and help turn real experiences into learning opportunities.

Each group is intentionally small and facilitated by professionals specializing in social-emotional development, life skills, 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 personalized child profile highlighting your child's strengths, sensory preferences, social interactions, and emotional regulation, based on observations throughout the group.
- 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.
- HSA and EFA payment methods accepted but insurance is not able to cover.

Winter 2027 Middles Group Details

10 Weeks: January 5th - March 9th Cost: $570 ($57/week)

Ages 7-10 on Tuesdays 3:00-4:00pm

Profile Information

Child Name: _____ Preferred Pronouns: _____

Date of Birth: _____

Parent/Guardian 1:

Name: _____

Email: _____

Phone#: _____

Parent/Guardian 2:

Name: _____

Email: _____

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 setting and level:

_____

_____

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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