Littles Social Group Application

Fall 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 Littles 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 child profile report and 1:1 zoom meeting with group leaders to check in 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 ($78).
- HSA and EFA payment methods accepted but insurance is not able to cover.

Fall 2026 Little Group Details

12 Weeks: September 1 - November 17 Cost: $936 ($78/week)

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

Profile Information

Child Name: _____ 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 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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