

NeuroThrive Teen Group Application

Supporting Neurodiverse Teens to Thrive Together



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 teen group gives neurodiverse teens a space to explore life topics that matter to them—while connecting with peers who share similar experiences. Teens learn, share, and grow together in a community where they feel understood and valued.

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 applications 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 1:1 zoom meeting with group leaders to check in about all that the group has provided your teen and observations made.
- If severe weather causes a cancellation, we'll simply extend the program by one week, ending on March 24. If a second cancellation is needed, group leaders will decide whether to schedule a make-up meeting, hold the session virtually, or provide a refund/fee waiver for that week (\$69).

Winter Teen Group Details

10 Weeks Jan 13th - March 17th Tuesdays 3:30-5:00pm Cost: \$690 (\$69/week)

Profile Information

Teen 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 whatever you and your teen 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 teen has participated in and their experience.

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

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

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

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