



Parent-Assisted Intervention Group Enrollment Form

Thank you for your interest in ICCD's Group Programs! Please complete the following and send to Dr. Carolyn Kuehnel at ckuehnel@iccdpartners.org. Someone will contact you shortly about next steps.

Child's Name:

Child's Date of Birth:

Child's Gender:

Parent(s) Name(s):

Preferred Phone Number:

Preferred Email Address:

Mailing Address:

Please write a short paragraph (i.e., 4-6 sentences) about your child and what you're looking for in a group:

Does your child have severe language delays? YES NO

Does your child have severe behavioral challenges (e.g., self-injury, aggressive behaviors)? YES NO

Please indicate which group(s) you are interested in:

Social Skills/Self-Regulation Group

Friendship Group

Executive Functioning Group

Please indicate which days/times locations you could be available to participate in group. The more flexible you can be, the greater likelihood that we can find an appropriate match for your child.

NEWTON OFFICE

Tuesday 5:15-6:15

Tuesday 6:30-7:30

Wednesday 4:00-5:00

Wednesday 5:15-6:15

CANTON OFFICE

Wednesday 4:00-5:00

Wednesday 5:15-6:15

Thursday 5:15-6:15

Thursday 6:30-7:30