



Group Therapy Enrollment Form

Thank you for your interest in ICCD's Group Program! 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:

Insurance Provider:

PPO/HMO?

Member ID:

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

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

Friendship Group:

8-10-Year-Old Group – Tuesdays 6:30-7:30 in Newton

10-12-Year-Old Group – Wednesdays 6:30-7:30 in Newton

8-10-Year-Old Group – Thursdays 4:00-5:00 in Canton

10-12-Year-Old Group – Wednesdays 5:15-6:15 in Canton

13-15-Year-Old Group – Thursdays 5:15-6:15 in Canton

NEW! Social Skills/Self-Regulation Group:

1st and 2nd Grade Students – Tuesdays 5:15-6:15 in Newton

NEW! Executive Functioning Group:

Middle School Students – Wednesdays 4:00-5:00 in Canton