



Today's Date: _____ Group Requested: _____

Adolescent/or Young Adult First and Last Name: _____

Sex: _____ DOB: _____ Grade: _____ School: _____

Referred By: _____

(IF REGIONAL CENTER, PROVIDE SERVICE COORDINATOR EMAIL): _____

Parent 1 Name: _____ Will Participate (i.e. Social Coach)

Parent 2 Name: _____ Will Participate (i.e. Social Coach)

*One Parent or Other Adult must attend group (or part of the group for BOOST class) as the Social Coach.

Street Address: _____

City: _____ Zip Code: _____

Telephone: _____ Leave VM: Yes or No Text Okay: Yes or No

Email Address: _____

Diagnosis: _____ PEERS Before/Where and When?: _____

Inclusion Criteria

- Teen is in 6th-12th grade
- Young Adult is 18 -30 years old
- Social Difficulties
- Teen and Parent fluent in English
- Parent willing to Participate
- Teen/YA willing to Participate

Exclusion Criteria

- Cannot focus in length of group
- Mood/Psychotic Disorder
- In crisis
- Aggressive or disrespectful
- Verbal language is too low for group

Behavioral Problems (Check all that apply):

- School
- Homework
- Argumentative/Tantrums/disobeying
- Physically hurts parents
- Parents afraid of child
- Previous hospitalization

Social Problems (Check all that apply):

- No get togethers
- No friends in school/community
- Socially isolated
- Other: _____
- Inappropriate Peer Group
- Aggressive/Mean to Peers
- Is Bullied or Teased

INFORMED CONSENT VIDEO-CONFERENCING SERVICES

Electronic Communication:

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your PEERS Leader chose to use information technology for some or all of your treatment, you need to understand that:

- (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All existing confidentiality protections are equally applicable, including the fact that the staff at Our Village are mandated reporters of child abuse and elderly abuse, for the state of CA.

Prior to starting video-conferencing services, we discussed and agreed to the following:

1. There are potential benefits and risks of videoconferencing (e.g. limits to Client confidentiality) that differ from in-person sessions. For example, People in the room or nearby in your home, may overhear your discussion of social skills training.
2. I understand that the team at Our Village is open to providing Virtual PEERS if the client wishes, in lieu of in-person services.
3. My questions have been answered in a language I understand. Alternatives to videoconferencing, and risks and benefits of it have been shared.
4. Confidentiality still applies for video-conferencing services, and nobody will record the session without the permission from the others person(s).
5. We agree to use the video-conferencing platform selected for our virtual sessions, and the PEERS Leader will explain how to use it.
6. You need to use a computer with a webcam (camera) and microphone or smartphone during the session.
7. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
8. It is important to use a secure internet connection rather than public/free Wi-Fi.
9. It is important to be on time. If you need to cancel or change your appointment, you must notify your PEERS Leader in advance by email to reschedule.
10. We need a back-up plan (e.g., phone number where you can be reached) in the event of technical problems or interruptions, we can try and give you a call to listen in or face time.
11. We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
12. If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in VIRTUAL PEERS with Our Village.
13. Parent or Social Coach should attend as well.

14. If you are a client of Regional Center, you need approval from your Case Coordinator prior to transitioning your services from in-person to remote.
15. For screenings, assessment questions may be read aloud by the Group leader for the teen or young adult to answer. They may also be emailed a paper version of the TASSK and TYASSK as well. Parents will complete the SRS-2 online if accepted into the 14-16 week grp.
16. Go to Meeting, Zoom, Doxy.me or other video-conferencing platforms are not emergency services. In the event of an emergency, I will use a phone to call 911.
17. To maintain confidentiality, do not share your appointment link with anyone unauthorized to attend the appointment.
18. Once you are in a group, any disrespectful or unsafe behavior towards the leaders or other peers will be cause for immediate excusal from that group session, and we will follow up at a later time to explore the situation in a private chat with your Group Leader and Parent, AKA Social Coach.
19. As your PEERS Leader, we may determine that video-conferencing is not appropriate for your teen or young adult, and that we should resume our sessions in-person at another time.

PEERS Group Day/Time and Topic Requested: _____

Teen or Young Adult Name: _____ Age: _____

Signature of Client/Or Client's Parent or Legal Representative (if Client is a Minor):

_____ Date: _____

Address: _____

Parent/Caregiver Cell: _____

Parent/Caregiver Email: _____

Teen or Young Adult Cell: _____

Emergency Contact: _____

Closest Hospital to your home: _____

PEERS Group Day/Time and Topic Requested: _____