



PEERS Program

Adult Participant Application

Thank you for your interest in the PEERS® Program, offered by Autism Connections. PEERS®, or the Program for the Education and Enrichment of Relational Skills, is an evidence-based social skills program for individuals with autism and related social challenges. UF Health Neurodevelopmental Pediatrics Will provide this services in one co-hort: PEERs for Adults (ages 18+).

For each cohort, we make cohesive groups of participants so that we can plan the pacing of lessons and group individuals with similar interests. Please complete this Participant Application, and we will reach out regarding an interview.

Please return this application to Gwen Mauro by emailing it to Gwenivere.Mauro@jax.ufl.edu or dropping it off at our office located at:

6271 St Augustine Road, suite 1
Jacksonville Florida 32217

Adult Section (to be completed by the adult)

Name

First Name Last Name

Date of birth

Month Day Year

Phone Number

Please enter a valid phone number.

Email

example@example.com

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

What do you hope to learn in PEERS?

What are some of your hobbies?

What are some of your interest besides your hobbies?

What is your favorite TV show?

What is your favorite movie?

What is a friend?

Do you have friends? If so, how many?

Do you ever hang out with friends? If so, what do you do together?

Do you participate in any group activities like clubs, sports, or teams? If yes, describe?

On a scale of 1 to 5, how comfortable are you talking with peers you know? (1 is NOT comfortable, 5 is VERY comfortable)

1 2 3 4 5

On a scale of 1 to 5, how comfortable are you talking with peers you don't know very well? (1 is NOT comfortable, 5 is VERY comfortable)

1 2 3 4 5

Worst

Best

Social Coach Section

(To be completed by adult's social coach - i.e parent, guardian, etc)

Social Coach Name

First Name

Last Name

Address

Postal / Zip Code

Phone Number

Please enter a valid phone number.

Email

example@example.com

What is the adult's length of sustained attention?

What are your short-term goals with the adult's involvement in PEERS?

What are your long-term goals with the adult's involvement in PEERS?

What are the adult's hobbies?

What are the adult's interest besides hobbies?

Does the adult have behaviors we need to be aware of? (e.g. big feelings, disruption,aggression)

On a scale of 1 to 5, please rate how well the adult responds to questions.(1 is needs repeated prompting, 5 is responds independently)

1 2 3 4 5

On a scale of 1 to 5, please rate how well the adult follows directions.(1 is needs repeated prompting, 5 is follows directions independently)

1 2 3 4 5

On a scale of 1 to 5, how much support does the adult need to complete tasks?(1 is needs one-on-one assistance, 5 is completes tasks independently)

1 2 3 4 5

On a scale of 1 to 5, please rate how interested the adult is in making friends.(1 is NOT interested, 5 is very interested)

