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📍 South Florida & New York Tri-State Area

📍 Telepsychology Across PSYPACT States

PPA SOCIAL GROUP PROGRAMS 2026-2027

SURF – Social Understanding & Relationship Fundamentals

SURF Explorers (ages 4-6)

SURF (ages 7-18)

SURF Transition (ages 17-22)

Group Topics & Goals Include:

- ⇒ Boost self-esteem & build confidence while reducing anxiety & rigidity
- ⇒ Build self-monitoring abilities & enhance emotional regulation
- ⇒ Develop flexibility in thinking & strengthen conflict resolution skills
- ⇒ Encourage prosocial, cooperative, & adaptive behaviors across settings
- ⇒ Improve perspective-taking & social responsiveness in peer interactions
- ⇒ Strengthen social skills & understanding through real-world practice
- ⇒ Support the development of meaningful & lasting peer relationships

For SURF Explorers:

- ⇒ Improve behavioral compliance (e.g., following directions, modulating voice/body, etc.)
- ⇒ Strengthen social-emotional skills such as turn-taking, frustration tolerance, & play initiation

SURF Interest-Based Group Offerings (New for 2026–2027)

In addition to our core social skills curriculum, Pediatric Psychology Associates is offering interest-based group experiences designed to further support engagement, motivation, and meaningful peer connection.

Participants may be placed in groups that incorporate shared interests such as:

- ⇒ **Lego & Building**
- ⇒ **Science & Exploration**
- ⇒ **Arts & Creations**
- ⇒ **Video Games & Interactive Play**

These interest areas are used as a tool to enhance social learning, promote collaboration, and encourage natural peer interaction within a structured therapeutic environment. **Group placement is carefully determined by our clinical team based on each participant's:**

- ⇒ Developmental level
- ⇒ Social goals
- ⇒ Group dynamics
- ⇒ Overall goodness of fit

PSYCHOLOGICAL SERVICES | CHILDREN, ADOLESCENTS & ADULTS

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PEERS® – Program for the Education & Enrichment of Social Skills

PEERS® Adolescent Group (ages 14-18)

PEERS® Young Adult Group (ages 18-30)

Group Topics & Goals Include:

- ⇒ Building self-awareness & emotional regulation
- ⇒ Developing empathy & perspective-taking skills
- ⇒ Gauging interest & responding to social feedback
- ⇒ Handling teasing, bullying, & social rejection
- ⇒ Hosting friends & planning inclusive hangouts
- ⇒ Managing disagreements with respect & clarity
- ⇒ Navigating dating & early relationship dynamics
- ⇒ Planning & participating in successful social outings
- ⇒ Practicing compromise & flexible thinking
- ⇒ Starting & sustaining meaningful conversations
- ⇒ Strengthen social problem-solving strategies
- ⇒ Using humor appropriately in social settings

SURF & PEERS® Program Calendar - Fall 2026 to Spring 2027

Program	Dates	# Groups	Locations	Time Options
SURF Series I	Aug 24 – Oct 16, 2026	8 sessions	All Offices (not offered at the Hollywood Location)	Weekly 60-min sessions Depending on location Mon, Tues, Wed, or Thurs @ 4, 5, 6 or 7 pm
SURF Series II	Oct 19 – Dec 18, 2026	8 sessions		
SURF Series III	Jan 4 – Feb 26, 2027	8 sessions		
SURF Series IV*	Mar 8 – May 7, 2027 (Boca Raton, South Miami & Weston) March 8- May 21, 2027 (Aventura & Miami Beach)	8 sessions		
PEERS® Essentials Adolescent & Young Adult Groups	Follows the same schedule as SURF Series above	8 sessions	All Offices (not offered at the Hollywood Location)	Weekly 75-min sessions Day/time TBD

*Boca Raton, South Miami, and Weston dates: March 8- May 7, 2027, with one week break for Spring Break the week of March 22

*Aventura/Miami Beach dates: March 8- May 21, 2027, with one week break for Spring Break the week of March 22, and for Passover the week of April 19 and April 26th.

PEERS® Essentials may start earlier/later depending on registration. Member & Parent/Caregiver Sessions are held at the same time. For office location, this will depend on the number of participants registered. Must have 6 members to run the program.

We follow the Miami-Dade/Broward/Palm Beach Public Schools Calendar.
No groups during Thanksgiving Week/Winter Break/Spring Break.

Group Programs at PPA

At Pediatric Psychology Associates, our group programs have been empowering children, teens, and young adults for over 20 years. Our **SURF (Social Understanding and Relationship Fundamentals)** program is built on a foundation of evidence-based practices, including Social Thinking®, Applied Behavior Analysis, and Relationship Development Intervention®. Each group is thoughtfully tailored to meet the unique social, emotional, and behavioral needs of its members. **We offer SURF Explorers (Preschool 4-6), SURF (7-18), and SURF Transition (17-22).** Through a combination of structured teaching and organic, play-based and cooperative activities, we focus on helping participants develop confidence, enhance communication, and build meaningful peer relationships. Techniques like incidental teaching and errorless learning help foster success, while positive reinforcement encourages the development of socially appropriate behaviors in real-time, natural settings.

SURF Interest-Based Groups at Pediatric Psychology Associates incorporate activities such as Lego/Building, Science, Arts and Creations, and Video Games to enhance engagement, increase motivation, and support the development of meaningful social skills. These shared-interest activities are intentionally used as tools to promote collaboration, communication, flexibility, and natural peer interaction within a structured therapeutic environment. While each participant's interests are thoughtfully considered, group placement is determined by the clinical team based on developmental level, social goals, group dynamics, and overall goodness of fit. Our priority is to create cohesive and effective groups that best support each participant's growth. Placement in a specific interest-based group is not guaranteed.

Our **PEERS® (Program for the Education and Enrichment of Social Skills)** group—originally developed at UCLA—is a highly effective, research-based program for adolescents and young adults. PEERS® supports the development of real-world social skills through a combination of instruction, role-play, and practice. Each session includes concurrent caregiver or social coach groups to ensure skills are reinforced and generalized outside of group sessions. We are offering **PEERS® Essentials**, an abridged course, highlighting foundational skills.

Steps to Join SURF & PEERS® Programs

1. Fill out Registration Form (New and Returning Group Members)-

- Once received the office will review the paperwork and make contact to set up the initial consultation to meet with a group therapist along with the potential group member and caregiver.

2. Initial Consultation (New Members Only)-

- Before enrolling, all new families are required to complete a no-cost 30-minute initial consultation. This meeting allows us to gather background information, discuss individual goals, answer any questions, and help participants become familiar with the space and group process. The consultation fee is waived for this initial meeting. **Please note** that cancellations for this appointment made with less **than 24 hours' notice**, or failure to attend the scheduled consultation, **will result in a \$100 fee** (the previously waived consultation fee), which must be paid before rescheduling. Returning families are not required to complete an additional consultation.

3. Program Fees & Policies

- After a member is placed in a group and enrollment is confirmed, a **one-time \$100 registration fee** is collected. **The registration fee does not recur for future group series.**
- **SURF:** \$720 for an 8-session series (prepaid). New members may join through Series III; groups close to new members after Series IV begins.
- **PEERS® Essentials:** \$1,000 for the 8-week program (prepaid). We are unable to accept new members after week 2.

4. Caregiver/Social Coach Involvement

- **SURF:** Caregivers receive brief feedback during the final 10 minutes of most sessions, including tips for practicing skills at home.
- **PEERS® Essentials:** Caregivers or social coaches attend separate, simultaneous sessions that mirror participant content and focus on reinforcing skills outside the group.

Group Placement, Scheduling & Attendance

- **Group Matching:** Members are placed based on developmental level, social goals, group dynamics, and overall goodness of fit. When applicable, shared interests may also be considered to support engagement and peer connection.
- **Scheduling:** We do our best to accommodate preferences, but group composition takes priority.
- **Attendance:** Consistent attendance is essential. With the exception of emergencies, we ask families to commit fully to the scheduled sessions.
- **Drop-off & Pick-up:** Please be punctual and arrive early to participate in end-of-session feedback when applicable.
- **Make-Up Policy:** One make-up is allowed per series. SURF make-ups are held during the final two weeks of the series. For PEERS® Essentials, a 30-minute individual make-up may be scheduled in advance by emailing groups@mailppa.com. Missed sessions without notice are non-refundable and not credited.

Additional Services & Support

- Group feedback is general in nature. For more personalized support, you are welcome to schedule a separate session with your child's facilitator.
- If concerns arise that fall outside the scope of group work, we may recommend supplemental individual or family sessions—either with one of our clinicians or an external provider of your choice.

Communication & Contact

- We offer courtesy reminders via email or text. Make sure your contact information is up to date.
- For program-specific questions, reach out directly to your child's group facilitator. For billing, cancellations, or scheduling, contact our main office at **(305) 936-1002** or email groups@mailppa.com.



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2026-2027 Social Group Member Registration Form

Must be completed by New & Returning Families

Participant's First Name: _____ M.I.: _____ Last Name: _____

Participant's Age: _____ Date of Birth: _____ Participant's Identified Gender: Female Male

Parent #1 Name: _____ Best Contact Phone #: _____

Parent #2 Name: _____ Best Contact Phone #: _____

Email Address(es): _____

(Please write legibly. Email will be used to provide courtesy reminders for group sessions.)

Emergency Contact-Name & Phone #: _____

Please list who has permission to pick up your child from our office: _____

School & Grade Attending (if applicable): _____

Home Address _____ City _____ State _____ Zip Code _____

How were you referred to our practice? _____ Are you new to our practice? Yes No

Select Program to attend: **Note that 18-year-olds will be assessed during the consultation for the appropriate PEERS® program*

- SURF (7-18) PEERS® Essentials Adolescent Group (14-18)*
 SURF Explorers (4-6) PEERS® Essentials Young Adult Group (18-30)*
 SURF Transition (17-22) ***Member & Parent/Caregiver/Social Coach Groups BOTH run simultaneously**

Please select all areas your child would be interested in participating in: **If available and clinically appropriate, we may offer interest-based group options for your child.*

- Lego/Building Science Art & Creations Video & Interactive Games Other _____

Please check location for group participation: Aventura Boca Miami Beach South Miami Weston

For PEERS® Essentials we must have 6 members to start the program & group matching is very important.

As a result, at times we need to combine members from other locations to ensure a cohesive & effective group.

If so, are you flexible to attend a different location? Yes No

If yes, which is your second request? Aventura Boca Miami Beach South Miami Weston

Please understand we cannot guarantee a specific day/time, but will do our best to consider your preferences:

Aventura Group Days: Tuesdays & Thursday @ 4 pm, 5 pm, 6 pm & 7 pm

Boca Raton Group Day: Wednesdays @ 4 pm, 5 pm, 6 pm & 7 pm

Miami Beach Group Days: Tuesdays & Thursdays 4 pm, 5 pm, 6 pm & 7 pm

South Miami Group Days: Tuesdays, Wednesdays, & Thursdays 4 pm, 5 pm, 6 pm & 7 pm

Weston Group Days: Tuesdays & Thursdays @ 4 pm, 5 pm, 6 pm & 7 pm

List Days/Times that DO NOT work due to other activities: _____

**Please note that earlier groups are for younger members & later groups are saved for older members.
PEERS® Essentials generally runs at the 7 pm time slot.*

Participant's Name: _____

For SURF & PEERS® Essentials participants, please give a brief description of the educational (employment) program & any additional support they are provided during the day: _____

Please list the strengths & challenges the participant has in social & interpersonal skills:

Strengths: _____

Challenges: _____

Is the participant attending (or has attended) other therapy programs (group or individual)? If yes, please list dates/program/name of professional: _____

Has the participant received a learning, psychological, and/or developmental diagnosis? If yes, please describe:

Please list three goals you have for the participant in social skills/interpersonal skills:

1. _____

2. _____

3. _____

What are some of the participant's interests/activities? _____

Are there any situations, relevant to our group, which may upset or agitate the participant? _____

If applicable, what are some strategies you use to help calm the participant? _____

Does the participant have any allergies (food or otherwise) or other medical conditions we need to be aware of & how do these issues affect them? _____

Please add any additional comments and/or information regarding the participant, which you feel would be relevant to our social group programs? _____

Group Consent Form

Participant's Name: _____ D.O.B.: _____

Please Read & Initial each section:

_____ I voluntarily give consent for treatment by *Pediatric Psychology Associates* for me and/or my family members. I understand the purpose of the groups is to assist in the formation & development of improved social skills & emotional health. However, I also understand that *Pediatric Psychology Associates* cannot guarantee that the process will always result in positive outcomes.

_____ I understand that group sessions may be videotaped for the purpose of ongoing assessment & training of group participants. *Pediatric Psychology Associates* will not release confidential material to other outside parties without written permission. As provided by law, confidentiality may only be breached for protection purposes when the client is imminently dangerous to her/himself or others, or in cases of child abuse.

_____ I understand that data gathered from this group may be used for research and thus benefit others in the future. I have been assured that the information that I provide will be held in confidence & that my & my child's data will not be used in any way that makes us individually identifiable.

_____ I am free to withdraw my consent at any time without penalty to me or my family member.

I hereby give my consent for my child's/my participation in the group activities described in the informed consent agreement under the conditions stated above.

Signature of Adult Participant/Parent/Guardian

_____/_____/_____
Date

Name/Relationship to Participant

Financial & Group Commitment Form

Must be completed by New & Returning Families

Participant Full Name: _____ Date of Birth: _____

Parent(s)/Caregiver Name: _____

Email Address(es): _____ Best Contact #: _____

Please Read & Initial Below:

Our office policy for groups is that a commitment to attendance is mandatory. Attendance of the group series is important not only for the participant's growth, but also for the integrity of the entire group, & any absences are detrimental to the whole group process. Please note, there are no refund/credits for groups missed & payment for the entire series is required to attend. There is an option to do 1 make-up session per series. If a SURF group session is missed, a make-up session will be scheduled during the last 2 weeks of the series. If a PEERS® Essentials session is missed there is an option to do a 30-minute make-up session. This must be arranged in advance & requested in writing to groups@mailppa.com.

Please note that our office does not file with insurance companies for groups and, due to the multi-disciplinary methodology utilized in the group sessions, it may not be a covered service. However, when requested, we can provide you with a receipt that you can submit to your insurance company at the end of each group series.

Before joining, all new families must complete a 30-minute initial consultation. The consultation fee is waived for this initial meeting. **Please note** that cancellations for this appointment made with less **than 24 hours' notice**, or failure to attend the scheduled consultation, **will result in a \$100 fee** (the previously waived consultation fee), which must be paid before rescheduling.

___ I have reviewed & agree to the group financial & commitment policy.

Payment Policy & Fees (initial one):

___ **SURF Group Program per series - \$720 (8 Sessions per series).** Our rates are for the entire group series, & we do not offer a per-session rate. As such, cancellations will not incur a credit for the day missed. Payment is required for the group program on or before the first group of the series. *Fee will be prorated if joining in the middle of the series.*

___ **PEERS® Essentials Group Program - \$1,000 for 8 weeks. Fee includes both Adolescent/Young Adult group & Parent/Caregiver/Social Coach group, which run simultaneously.** Payment is required for the group program on or before the first group of the series. *Fee will be prorated if joining in the middle of the series.*

Please check payment type: Check/Cash Credit Card (list card information below)

From our experience, a credit card on file has made the group billing most convenient for our families.

Name on Credit Card _____

Initial - I authorize *Pediatric Psychology Associates* to charge my credit card as follows:

___ \$100 for SURF/PEERS® Group Registration Fee applies to new group members only and will be charged once group placement has been confirmed.

___ \$720 per SURF Group Series- (or prorated fee if joining during series)

___ \$1000 PEERS® Essentials Program - \$1,000 - (or prorated fee if joining during series)

Type of Card Visa MasterCard AMEX

Credit Card # _____ - _____ - _____ - _____ **Exp (Month/Year)** _____ **CVV** _____ (3 or 4-digit code)

Billing Address for Credit Card _____

Street

City

State

Zip

Signature: _____

Date ____/____/____

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