

PEERS® Application (To be completed by the applicant, please note what assistance is needed)

Fall 2026

1. Name:
2. Date of Birth:
  
3. Parent/Guardian:
- 3a. Do they have legal guardianship? Y or N
  
4. Address:
  
5. Phone number:
- 5a. E-mail:
  
6. Parent/Guardian Phone:
- 6a. Parent/Guardian E-mail:
  
7. Identified Social Coach (if different than parent):
- 7a. Social Coach E-mail:
  
8. Case Manager:
- 7a. DDS Case Manager phone:
- 7b. DDS Case Manager E-mail:
  
9. School/Day program (if applicable):
  
10. Primary language spoken:
  
11. Do you have access to a tablet/smartphone/computer and internet? Y or N
  
12. Can you commit to a 16 week program? Y or N
  
13. Can you recall and follow multi-step (8 steps or more) instructions? *The PEERS model teaches many multi-step rules for having conversations, leaving conversations, starting and ending phone calls, addressing disagreements, etc.* Y or N
  
14. Are you able to communicate independently (either verbally, sign, or through a communication system)? Y or N
  
15. Do you have transportation to in-person events (DDS transportation may be provided if needed)?

16. What social challenges do you struggle with the most?

17. What do you hope to learn from this program?

18. Are there any concerns we should know about prior to the program? (*sensory needs, behavioral concerns, past trauma, language supports needed, etc.*)