Each fall and spring semester, The College Program at Marshall University holds weekly, one-hour long skill group meetings for students with a diagnosis of Autism Spectrum Disorder. These meetings, called Discovery Groups, are facilitated by College Program staff and provide an opportunity for students to learn about and practice a variety of skills and strategies related to the areas of academics, socialization, and independent living. Discovery Group is also a chance for students to connect with their peers and share their experiences in a safe and comfortable environment.

Ideal participants for Discovery Group should a) possess a growth mindset essential for effective skill development; b) be able to communicate with College Program staff and other group participants about their challenges, experiences, and goals; and c) show respect for diverse identities and perspectives.

The cost to attend Discovery Group is $500.

Below is a list of example topics from previous semester agendas used by College Program staff. Please note, this list is not a definitive indicator of the agenda for the coming semester.

- Developing a social radar
- Time management and smart goals
- Relationship building and communication
- Romantic relationships
- Building a reputation on campus
- Decision making and conflict resolution
- Stress and anxiety
- Anger management

If these topics seem interesting and worthwhile to you, then we encourage you submit an application by providing the necessary information found on the second page of this form and then mailing it to us at the following address:

Rebecca Hansen, Ed.D.
Director of Campus-Based Services
Marshall University
The West Virginia Autism Training Center
Old Main, Room 316
One John Marshall Drive
Huntington, WV 25755

Or you can email the application to fuller26@marshall.edu
Applicant Name: _________________________________________________________

Nickname, or the name you prefer to be called: _______________________________

Street or mailing address: __________________________________________________

City: ___________________, State: ___________ Zip code: _______________________

Home telephone: ___________________ Cell Phone: ___________________________

Email: ____________________________________________

Date of birth: ___________ Age: ______

Gender Identity: ___________ Citizenship_____________________________________

Parent Name(s): __________________________________________________________

Parent Email(s): __________________________________________________________

Diagnostic Information:
Please check off the diagnosis you have received that make you eligible for our services:

□ Asperger’s Disorder
□ Autistic Disorder
□ Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)
□ Autism Spectrum Disorder (Level_____)

Please list the name and contact information of the licensed professional who provided
the ASD diagnosis, along with the date the diagnosis was given.

Diagnostician name: _____________________________________________________

Telephone number: ___________________ Date of diagnosis: _________________

The diagnostician is a (check one): _____ Licensed psychologist; _____ Licensed
psychiatrist; _____ Licensed medical doctor; _____ other (write-in):_______________

CONSENT: I hereby authorize College Program staff to contact the person(s) listed
above to obtain diagnostic confirmation of my Autism Spectrum Disorder (please sign
below):

Name: _________________________________ Date: ___________________________

Please list your reasons for wanting to participate in Discovery Groups at Marshall
University: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What topics do you hope to learn about and discuss as a participant in Discovery Groups?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________