Application for Discovery Groups at
The College Program for Students with Autism Spectrum
Disorder at Marshall University

Each fall and spring semester, The College Program at Marshall University holds weekly 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.

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.
Marshall University
The West Virginia Autism Training Center
Old Main, Room 316
One John Marshall Drive
Huntington, WV 2575
Application for Discovery Groups at Marshall University

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):
____________________________________________________________________________

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?
____________________________________________________________________________
____________________________________________________________________________
Please list any additional information you would like for us to know about you:
____________________________________________________________________________
____________________________________________________________________________