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Academic Year Programming - Frequently Asked Questions

How does Aspire determine appropriate group placement?

Aspire's unique matching process groups participants together based on a myriad of factors. These may include learning and cognitive profile, shared passions, level of therapeutic support needed, personality, and personal goals. Staff first get to know participants during the intake interview. Staff also review all application materials including school documents and evaluation reports. Staff may also reach out to other providers working with the participant to help determine the best peer match and group placement.

By placing participants in a well-matched peer cohort, our experienced staff can help participants to feel a sense of belonging, boost their self-esteem and social confidence, and cultivate a safe space where learning, growing, and skill-development can occur.

Do you offer a refund policy for missed groups?

No refunds are given due to absences unless related to extensive medical conditions. The success of each group and of each participant is dependent upon all members attending. We expect that participants will make a commitment to the group. In case of an unavoidable absence, please let your group leader know with as much notice as possible.

How does Aspire communicate with parents and caregivers?

In the Child program, families can expect two phone calls per session with the group leader. One call before start of the group and one call mid-session. The purpose of this communication is for Aspire staff to learn more about the child – their strengths, challenges, learning style and special interests; and for families to receive updates on the child's progress toward their personal goals.

In the Teen program, communication gradually transitions from the parents to the participants. Participants work to develop their skills in self-awareness and self-advocacy so that they may become their own advocate.

How does Aspire collaborate with other providers and schools?

Aspire welcomes the opportunity to coordinate care with other providers and schools. Aspire staff are able to comment on the participant's presentation in group including effective strategies, general recommendations for generalization of skills, and progress toward specific personal or group goals.

How does Aspire monitor an individual's progress in the programs?

Group leaders capture session notes related to the participant's individual goals and progress in the domains of social competency, stress management, and self-awareness. These notes inform future lesson plans and the individual strategies/tools used to support each participant. Final evaluation reports are sent to each participant at the end of the session.

How does Aspire staff respond to participants using the label 'autism' or other diagnoses in group?

Staff do not disclose for participants or use language connecting Aspire's programming to a diagnostic label in the group setting. Staff will reach out directly to parents and caregivers to discuss how self-awareness, disclosure, and identity language come up for an individual during group, should the need arise.



In Teen programs, Aspire encourages individuals to share language about their identity that has meaning to them. We recognize that not all participants are in the same place in their disclosure process.

What is your policy on observation of groups?

No one outside of Aspire staff is allowed to observe an Aspire program or group. This policy is based on the following:

PATIENT PRIVACY: Any parent who wants to observe their child is obviously observing all the patient participants and gains information about the behaviors and interactions of every group member. Therefore, we could no longer pledge the same level of confidentiality if we allow parent observers. There would need to be 100% agreement across parents and patient participants to allow observations and it could be difficult to maintain the privacy of individuals who do not agree to allowing observers since it would stop all observations for that group's cycle.

TREATMENT IMPACT: A parent's presence can affect the behaviors of not only their child but also other patients in the group - ultimately changing the dynamics of group interactions where we are focusing on teaching peer to peer skills. This could potentially reduce treatment benefits. It would be challenging to establish the same level of openness and trust among patients in the group with changing parent observers each week (since we would need to offer this opportunity to all parents of participants to attend a session).