

# EXPECTATION

*On Expectation Phase of Healing, the student and her family learn New Haven's rules, boundaries, structure and other expectations. The student and her family are learning about family and societal expectations and applying them into their daily actions. Locus of control is external in this phase of healing and supportive environmental structure and supervision is needed.*

## Student Assignments:

Date

Signature

1. Have your peer mentor share with you what her top 10 values are. Talk with your Values Coach about how the conversation went.

\_\_\_\_\_

\_\_\_\_\_  
Values Coach

2. Write down 5 fun facts about yourself and share them in a Community Meeting or General Group.

\_\_\_\_\_

\_\_\_\_\_  
Values Coach

3. Find a quote that is meaningful to you in relation to Expectation. Share what it means to you with your Values Coach, and in a Community Meeting or General Group.

\_\_\_\_\_

\_\_\_\_\_  
Values Coach

4. Write down at least four goals you would like to accomplish while at New Haven. Share them with your Therapist.

\_\_\_\_\_

\_\_\_\_\_  
Therapist

5. Personalize your Values Binder to represent your future self. Incorporate your four goals in some way.

\_\_\_\_\_

\_\_\_\_\_  
Values Coach

6. Complete the testing requirements as explained on the Testing Instructions sheet (page 1.1).

\_\_\_\_\_

\_\_\_\_\_  
Lead Super

7. Complete the Values Binder Test (page 1.2).

\_\_\_\_\_

\_\_\_\_\_  
Lead Super

8. Sign the Safety Contract with your Therapist and the Lead Supervisor (page 1.3). Vocalize your commitment to safety in a Community Meeting or General Group.

\_\_\_\_\_

\_\_\_\_\_

Lead Super

9. Complete School Requirements.

\_\_\_\_\_

\_\_\_\_\_  
Teacher

**Parent Assignments:**

10. Have an initial phone call with your Therapist.

\_\_\_\_\_

\_\_\_\_\_  
Therapist

11. Share five fun facts about yourself with your Therapist.

\_\_\_\_\_

\_\_\_\_\_  
Therapist

12. Write down at least four individual goals that you personally would like to accomplish while at New Haven.

\_\_\_\_\_

\_\_\_\_\_  
Therapist

13. Complete the Parent Manual self-test, as well as the Informed Consent section of the Parent Manual, and scan or fax them to your Lead Supervisor.

\_\_\_\_\_

\_\_\_\_\_  
Lead Super