

Family Phase Application

Instructions: In order to apply for your next phase, each family member, values coach, and therapist(s) must complete their part below. Once each section is complete the form can be turned in with the student's values binder.

Phase Applying For: Exploration Insight Integrity Interdependence

| | | |
|-----------------------------------|------------------------------|-----------------------------|
| Student Assignments Completed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Parent Assignments Completed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Family Assignments Completed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Transition Assignments Completed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Parent's Name: _____ **Date:** _____

Comments on individual progress:

Comments on daughter's progress:

Parent's Name: _____ **Date:** _____

Comments on individual progress:

Comments on daughter's progress:

Daughter's Name: _____ **Date:** _____

Comments on individual progress:

Comments on parent's progress – (Parent's Name) :

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Comments on parent's progress – (Parent's Name) :

Values Coach: _____ Date:

Comments on student's progress:

Note: After presenting the information on this form to the Treatment Team a member of Treatment Team will record the Treatment Team's feedback to your family in the space below and a copy of this form will be given to you the family.

Treatment Team feedback: