

Transition Family Contract

1. We commit to continue to implement the attached Values, Rules & Consequences.

2. Our family agrees to continue the therapeutic process by meeting with _____
Therapist Name
 _____ times per week for _____ weeks / months / years.

3. Our family agrees that the following are goals that we will continue to work on in both therapy and our home: (feel free to add more as needed)

Family Goal: What do we want to accomplish/change as a family?

Plan: How will we accomplish our goal?

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Skills/Resources needed to accomplish our Goal :

Family Goal: What do we want to accomplish/change as a family?

Plan: How will we accomplish our goal?

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Skills/Resources needed:

Individual Goal: What I still want to accomplish or change about myself:

Plan: How will I accomplish my goal?

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Skills/Resources needed:

Individual Goal: What I still want to accomplish or change about myself:

Plan: How will we accomplish our goal?

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Skills/Resources needed:

Individual Goal: What I still want to accomplish or change about myself:

Plan: How will we accomplish our goal?

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Skills/Resources needed:

4. We commit to follow the attached Family Relapse Prevention Plan.

Student

Date

Parent

Date

Parent

Date

Therapist

Date