



## Youth Empowerment Workshop Registration

Name of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language (Youth): \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Reason for Workshop Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Workshop Topic

**Individual Change Plan:** Participants will recognize strategies for moving through change, by creating an individualized plan for addressing, creating and measuring goal progress with the treatment team during the treatment process.

**Responsible Behavior:** This workshop centers on the connection between feelings, thoughts and behaviors. Participants analyze the association between situations, self-talk, feelings and behavior choices. Behavior Check strategies are introduced to participants for use during treatment.

**Handling Difficult Feelings:** Participants are aided in identifying difficult feelings and their connections to irresponsible behaviors. They will examine seven proven strategies for coping with difficult feelings and develop a method to deal with those feelings as they emerge.

**Relationships and Communication:** The focus of this workshop is understanding and improving relationships. Participants will enhance communication skills, allowing them to express themselves in healthy ways, and handle negative peer pressure.

X \_\_\_\_\_  
Signature of Worker Completing Form Date

### OFFICE USE ONLY

Assigned to: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Assigned worker's signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_