

Start Date: _____	Amount Paid: _____
Group Type: _____	Explain _____

Change in Action

Behavioral Management for Anger and Stress

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Home: _____ Cell phone: _____

Registration for:

Adult 1: _____ Age: _____

Adult 2: _____ Age: _____

Child 1: _____ Age: _____

Child 2: _____ Age: _____

Child 3: _____ Age: _____

Child 4: _____ Age: _____

Child 5: _____ Age: _____

Are there any specific medical or behavioral conditions that we should be aware of such as allergies or diagnoses? (Please list) _____

Were you referred to the program? _____ If so, please list contact information _____

Group Policies:

- **Confidentiality-** Information provided will be held Confidential except for the following situations: someone is threatening to hurt themselves or others, disclosure of child abuse or neglect, or if the information was court ordered to be released.
- **Attendance-** participants agree to attend 8 weekly sessions and to engage in program activities and skills demonstrations during each session. Missed classes cannot be made up. Late arrivals are considered a missed class for court ordered.
- **Neurofeedback** therapy is provided by appointment only and is included in the program fee. There is a missed appointment fee of \$20 which will be assessed for skipping appointments.
- **Referrals and Reports-** Participants must sign a waiver to release information or to request that attendance and completion reports are sent to referring agent. These will not be provided without signed permission.
- **Respect-** Each person's opinion will be respected and opportunities to share pertinent ideas/suggestions will be permitted as time allows.

By signing this registration, I state that all information is correct and that I understand and agree to all group policies including confidentiality and consistent participation.

Signature

Date

Adult's Name _____

PFS2

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems							
2. When we argue, my family listens to "both sides of the story."							
3. In my family, we take time to listen to each other.							
4. My family pulls together when things are stressful.							
5. My family is able to solve our problems.							
15. I praise my child when he/she behaves well.							

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.							
7. When I am lonely, there are several people I can talk to							
8. I would have no idea where to turn if my family needed food or housing.							
9. I wouldn't know where to go for help if I had trouble making ends meet.							
10. If there is a crisis, I have others I can talk to.							
11. If I needed help finding a job, I wouldn't know where to get help.							

PFS3.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many time when I don't know what to do as a parent.							
13. I know how to help my child learn.							
14. My child misbehaves just to upset me.							
	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
16. When I discipline my child, I lose control.							
17. I am happy being with my child.							

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
18. My child and I are very close to each other.							
19. I am able to soothe my child when he/she is upset.							
20. I spend time with my child doing what he/she likes to do.							

C1

	Often	Sometimes	Seldom	Never
1. How often has there been quarreling or arguing in your household?				
2. How often do family members lose their temper for no good reason?				
3. How often have there been physical fights in the household?				

B1

	Never	Rarely	Sometimes	Often	Almost Always
1. Family members jump to conclusions when we talk.					
2. I know what other members of my family will say before they finish saying it.					
3. We interrupt one another when we talk or argue.					

I2

In the past 30 days . . .

	Yes	No
1. Did you get married?		
2. Did you get divorced or separated?		
3. Has anyone in your family had a serious accident or illness?		
4. Has anyone in your family abused alcohol?		
5. Has anyone in your family abused other drugs?		
6. Has anyone in our family lost their job?		
7. Has your child been placed in foster care or in the care of others?		
8. Did anyone in your family or a close friend die?		

M4

	True	False
1. My child is easy to get along with		
2. My child is well behaved in our discussions.		
3. My child is receptive to criticism.		
4. For the most part, my child likes to talk to me.		
5. We almost never seem to agree.		
6. At least three times a week, we get angry at each other.		
7. My child says that I have no consideration of his or her feelings.		
8. My child often doesn't do what I ask.		
9. My child and I compromise during arguments.		
10. My child is defensive when I talk to him or her.		
11. My child acts impatient when I talk		
12. My child often seems angry at me.		

OA96

When you think about each of these things below, how are you and your family doing?

	Great	Ok	Struggle	Does not apply
1. Residence and utilities				
2. The neighborhood you live in				
3. The food you eat				
4. Health and Medical care				
5. Your money and finances				
6. Your education and job				
7. Transportation				
8. Your Child's education				
9. Family Relationships				
10. Parenting				
11. Your child and how they're getting along in the world.				
12. Daycare				

Post Measure of Wellbeing 115

			Strongly Agree		Not Sure		Strongly Disagree		N/A
I am able to talk easily with my child	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
I can correct my child without losing control.	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
I feel in control as a parent.	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
I feel safe and secure in my neighborhood	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
I have good health habits	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
I have enough money to meet basic family needs	Before services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0

			Strongly Agree		Not Sure		Strongly Disagree		N/A
My children are happy.	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
My children get along well with me.	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
I can turn to my family for help when something is troubling me.	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
My family accepts and supports me when I try new things.	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
My family shows affection, and notices my feelings, such as anger, sorrow, or love.	Before Services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0
My family talks things over with me and share problems with me.	Before services	1	2	3	4	5	6	7	0
	After Services	1	2	3	4	5	6	7	0