**PHASE II - RP SCHEDULE**

Name (Please Print):

RP Start Date: Anticipated Phase II Completion Date:

* 8 weeks (16 Sessions/32 Hours of Treatment)
* Tuesday and Thursday’s 5:30 pm to 7:30 PM
* You are allowed two (2) absences. After your 2nd absence, you will be required to meet with a member of the clinical staff to assess continued treatment. Absences are not excused or unexcused – **ANY** absence is an absence.

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| --- | --- | --- | --- | --- |
| **ASSIGNMENT** | | **DUE DATE** | **PRESENT or HAND IN** | **DATE COMPLETED** |
| Goodbye Letter | | Due by 3rd week | Hand in to Clinician |  |
| Present in Group |  |
| 5 Documented Group Meetings | | Before Moving to Aftercare | Hand in to Clinician |  |
| Establishing a Support System | | Due by 5th week | Hand in to Clinician |  |
| 12 parts to processing your “S@#!” | | Due by 7th week | Hand in to clinician |  |
| **THERAPY** | |  |  |  |
|  | (2) Individual Sessions | YOU ARE RESPONSIBLE FOR SCHEDULING APPOINTMENTS | Session I |  |
| Session II |  |
|  | - Phase Change/Financial Update  - Case Management Appointment | To be scheduled BEFORE moving to After Care |  |  |

* You **WILL NOT** move to the next phase until **ALL assignments and therapy appointments** are thoroughly completed, and you have demonstrated an appropriate level of understanding of each assignment.
* I understand that I may be assigned additional and/or different assignments per my counselor's instructions/directions. ·

Client Signature Date

Witness Signature Date ·