**PHASE III – AFTERCARE SCHEDULE**

Name (Please Print):

AC Start Date: Anticipated Phase III Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 8 weeks (8 Sessions/16 Hours of Treatment)
* Monday (Subject to Change) 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** |
| 10 Strength’s & Accomplishments | | Due by 5th week | Hand in to Clinician |  |
| Present in Group |  |
| 30 Minute Peer Lead Discussion **OR** 2 documented self-care activities (per approval) | | Before Graduation (Present in IOP) | Present in IOP **OR** Hand in to Clinician |  |
| Graduation Speech | | Before Graduation | Present at Graduation |  |
| **THERAPY** | |  |  |  |
| (2) Individual Sessions | | YOU ARE RESPONSIBLE FOR SCHEDULING APPOINTMENTS | Session I |  |
| Session II |  |
|  | Continuing Care Plan | Last Individual Appointment | Bring to Appointment |  |
|  | - Discharge Plan/Financial Update  - Case Management Appointment | Before Graduation |  |  |

* You **WILL NOT** graduate unless **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 ·