

Participant's Name: _____ **Phone:** _____

About Botvin Lifeskills: The Botvin Lifeskills Program is a highly interactive, skills-based program designed to promote positive health and personal development for youth. The program uses developmentally appropriate, collaborative learning strategies to help juveniles achieve competency in the skills that have been shown to prevent substance use, violence, and other health risk behaviors. Life skills Training is comprehensive, dynamic, and developmentally designed to promote mental health, social-emotional skills and positive youth development. The length of the program will vary amongst each juvenile depending upon what life skills are deemed necessary according to the program facilitator.

Expectations: All participants are required to attend Lifeskills on time and participate in a non-disruptive manner. Any rude or disrespectful behavior towards facilitators, other participants or staff members may result in removal and/or discharge of the program. Active participation in group discussions and activities is important and necessary. While attending a program at SCCC no one should possess any firearms, weapons, or drug paraphernalia on their person. No one will be permitted to attend group who appears to be under the influence of alcohol or any other mood-altering drug.

LOCATION: Shelby County Community Corrections- 10 W. Polk St. Shelbyville, IN 46176

Facilitator: Brittany Fannin
Email: bfannin@co.shelby.in.us
Telephone: 317-421-8139

Fees: Book fee of \$30 prior to the juvenile starting the program or the day of the program.

Attendance: if the juvenile is sick a parent/guardian should call at least 2 hours prior to the program starting for an excused absence.

- First miss: Instructor shall warn juvenile about the attendance policy.
- Second miss: Instructor shall send an alert to the juvenile's probation officer indicating juvenile has missed for a second time.
- Third miss: Instructor shall send an alert to the juvenile's probation officer indicating juvenile has missed a third session. Probation Officer shall meet with the juvenile and address attendance.
- Fourth miss: Unsuccessfully discharged from program.

DATE: **Wednesdays: 3p-4p** **Start Date:** _____ **Time:** _____

*My signature verifies my understanding that I am being directed to participate in this program as a requirement of my Probation/Community Corrections program and/or a Court order. By signing this I also give consent for information to be shared by the Lifeskills Facilitator and Probation.

Participant's Signature

Date

Probation Officer