## Parenting Adolescents & Children Effectively Group

NAME			DATE		TI	TIME		
FOR #1	-9, PLEASE CIRO	CLE THE NUMBER	R ALONG THE	SCALE THAT BEST REI	PRESENTS YOUR GI	ROUP EXPERIE	NCE:	
	Not Applicable N/A	Strongly Agree 5	Agree 4	Neither Agree or Disagree 3	Disagree 2	Strongly Disagree 1		
1.	I felt well/goo	d on this occasion	n. My <b>mood</b> w	as fine.		N/A 5 4	3 2	
2.	I am taking m	y prescribed medi	ications <b>appro</b>	priately.		N/A 5 4	3 2	
3.	I have <b>abstain</b>	ned from using/ab	ousing drugs/m	eds not prescribed.		N/A 5 4	3 2	
4.	I participated	appropriately in	group by talki	ng about my experienc	es.	N/A 5 4	3 2	
5.	I participated	appropriately in	group by lister	ning respectively to fac	cilitator and peers.	N/A 5 4	3 2	
6.	I am not curre	ntly <b>experiencin</b>	<b>g</b> any significa	nt stressors pertaining	to parenting.	N/A 5 4	3 2	
7.	I have a clear	and definitive <b>pl</b> a	n regarding pa	arenting strategies.		N/A 5 4	3 2	
8.	I am avoiding	negative/addictiv	ve behaviors.			N/A 5 4	3 2	
0.				are you using? Amou			-  	
1.	What actions	are you going to	take today to	o contribute to being	a more effective pa	arent?	-	
2.	Further comm	nents on any of t	the above scal	les or about your grou	ıp experience at B	&D Integrated	- l Heal	
<b>Numb</b> o□1 - 2		-	-	e <b>P.A.C.E. Program at</b> + □12+	t B&D:			
_	ll Stars for Tod		-	\$ \$ 7	<b>\</b> _			

Form #PACEMOT01 Updated 11.13.20