

# Parenting Workshop Referral

## Essential Parenting Plus Workshop



Date:	
Name:	
Phone:	
Email:	
Address:	

**Achieve Life Balance, LLC**  
 3660 Aaron Court  
 White Lake, MI 48383  
 SIGMA Vendor #: VS0144921

Susan Graham, CFLE  
 (248) 762-1081  
 susan@achievelifebalance.org

DHHS office:	
Case #:	
Specialist:	
Email:	
Phone:	

**Court-Ordered Parenting Workshop:**  
**Essential Parenting Plus Virtual 1-1**  
 Cost of Workshop: \$325.00

# of Direct Session Hours: 5 – 6 hrs.  
 # of Independent Hours: 2 hrs.  
 Total # of Session Hours: 7 – 8 hrs.  
 Total # of Weeks: 5 to 6 Weeks

**Reason for referral:**

Age/Sex of child(ren) Involved	Age: Sex:	Age: Sex:	Age: Sex:	Age: Sex:	Age: Sex:
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Child(ren) are currently residing :	Current custody/visitation:
<input type="checkbox"/> w/participant <input type="checkbox"/> w/co-parent <input type="checkbox"/> w/relative <input type="checkbox"/> Other:	<input type="checkbox"/> No visitation <input type="checkbox"/> Supervised <input type="checkbox"/> Shared <input type="checkbox"/> Other:

Additional Children: Age/Sex			
Age: Sex:	Age: Sex:	Age: Sex:	Age: Sex:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Residing with Participant Y/N			

**Check all that apply**

- Consistent Appointment Day/Time (No Variations/Changes Allowed)
- Targeted Topic Support (See Back)
- Weekly Verbal follow up
- Weekly Written follow up
- Contact w/Concerns Only
- Letter of Completion
- Certificate of Completion
- Other \_\_\_\_\_

**Relevant Notes/Requests:**

Participant's Signature	Date
Specialist's Signature	Date

Court Representative's Signature	Printed Name	Date
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Name:		1 <sup>st</sup> Session: Date/Time
Case #:		
Phone #:		

## Essential Parenting Plus Workshop Session Log

Lesson	Topic	Session Date	Attendance	On Time	Pre-Coursework Completed	Active Participation	Notes
1	Personal Control, Emotions, Behavior						
2	Stress Management						
3	Parenting Styles						
4	Positive Parenting						
5	Discipline vs Punishment						
6	How Children Learn to Behave						
7	Positive Interactions						
8-9	Consequences						
10	Why Children Misbehave						
11	Personalized Support						
12	6-C Positive Parenting						
13	Household Plan						

Course Completion Requirements
5 - 6 Weekly Virtual Sessions
Regular Weekly Attendance
Attend On Time (Tardy - 5 min late; Missed - Over 5 min late)
2 hours Independent Worksheets Assigned/Due Before Sessions
Active Participation Required

UPON COMPLETION:	
# of Direct Sessions	
# of Independent hrs:	
Total Course Hours	
# of weeks	
Certificate Earned?	