



STEP PROGRAM ADAPTED FOR KINSHIP, FOSTER AND ADOPTIVE PARENTS Enrollment Form

CHECK SERIES OF ENROLLMENT:

- VIRTUAL July 12-Sept. 27 9:30-11 a.m.
VIRTUAL Aug. 31-Nov. 16 6-7:30 p.m.

STEP is a program designed to support parents, improve family relationships, and reduce problem behaviors, delinquency and alcohol and drug abuse. We do this by providing a safe space for families to increase family communication and discuss topics that may be too difficult to have at home. By providing our workshops to the families from the Children's Advocacy Center, we have begun to build a community of strong families. Families will learn about the following topics that include considerations for raising children with complex trauma.

- Healthy Brain Connection
Notice and Compliment the Good Daily
Great Communication Skills and Fun Family Meetings
Rules, Rewards, Responsibility, Routines, and Happy Family Rituals
Limits and Consequences
Problem Solving and Win-Win Negotiation
Grooming, Red Flags, Abuse, Natural, Concerning and Healthy Sexualized Behaviors
Stress and Anger Management Skills
Using Goals and Contracts to Change Behavior
Alcohol and Drugs Damages the Teen Brain
Choosing Good Friends and Monitoring Kid's Activities
Values, Traditions, and Service

This program is voluntary. However, staff expects that families will participate through discussion and by completing home practice assignments as outlined in the parent workbook, and as requested by the group facilitator.

Please initial the following section:

- I have reviewed the topics to be covered during sessions and I agree to participate in this program.
To complete this program, I need to attend 10 out of 12 sessions. If virtual, I need to be on camera.
I pledge not to bring any criminal suspects.
I understand that staff will contact me weekly to check-in about assignments and remind me of sessions.
I give permission for a photo to be taken of my family for graduation purposes.

How many children will this information indirectly help as you apply new parenting skills?

Name: Age: Gender: M, F, Other:
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Check all that apply to you: birth parent foster parent kinship caregiver adoptive parent Provider

I consent to participate in the Trauma-Informed STEP program of Children's Advocacy Center of So. AZ.

Print Name: Signature: Date:

Print Name: Signature: Date:

Phone Number: Email:

Address: City: Zip Code: