

HARBOR AP APPLICATION

My Name is: _____

Date:

Counselor: _____

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TARGET BEHAVIORS: _____

Behaviors to increase: _____

Behaviors to decrease: _____

TREATMENT I'M INVOLVED IN: _____

TREATMENT I'VE COMPLETED _____

DBT SKILLS THAT I AM FAMILIAR WITH: _____

DBT SKILLS I'M USING: _____

GOALS:

Education: _____

Use of Free Time: _____

Peer Relations: _____

Support Network: _____

Family: _____

Cultural/Spiritual: _____

Alcohol/Drugs: _____

Mental Health: _____

Attitudes/Beliefs: _____

Aggression: _____
