## HARBOR AP APPLICATION

My Name is:	Date:
Counselor:	
TARGET BEHAVIORS:	
Behaviors to increase:	
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Behaviors to decrease:	
TREATMENT I'M INVOLVED IN:	
THE ATMENT IN IT COMIN ETTER	
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/Spirtual:
Culturus opii tuus.
Alcohol/Drugs:
Mandal Washin
Mental Health:
Attitudes/Beliefs:
Aggression:

Looking back over your goals what obstacles do you need to overcome in order to reach your goals and list possible strategies?				
WHY DO I DESERVE A HIGHI	ER LEVEL(IN 25 WORI	OS OR MORE STATI	E WHY):	
				<del></del>
COUNSELOR STATEMENT (N FEEDBACK):	EEDS TO BE COMPLE	TED BEFORE YOU	ASK FOR STAFF	