

**MARINER ADVANCED PROGRAM APPLICATION**

**Name:** \_\_\_\_\_

**Date:**

**Counselor:** \_\_\_\_\_

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**TARGET FOCUS:** \_\_\_\_\_

\_\_\_\_\_

**TREATMENT I'M INVOLVED IN:**

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\_\_\_\_\_

**TREATMENT I'VE COMPLETED:**

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\_\_\_\_\_

**MY FAVORITE DBT SKILL AND WHY:**

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\_\_\_\_\_

**MY LEAST FAVORITE DBT SKILL AND WHY:**

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**EDUCATIONAL GOALS:**

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**VOCATIONAL GOALS:**

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**FAMILY RELATED GOALS:**

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**PEER RELATIONSHIPS:**

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**TRANSITION & RE-ENTRY PLAN:**

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**LOOKING OVER YOUR GOALS, WHAT OBSTACLES DO YOU NEED TO OVERCOME IN ORDER TO ACCOMPLISH YOUR GOALS? WHAT STRATEGIES OR SKILLS WOULD YOU USE TO DO SO?**

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**I FEEL I HAVE EARNED ADVANCED PROGRAM STATUS BECAUSE (IN 25 WORDS OR MORE STATE WHY)**

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**COUNSELOR STATEMENT (NEEDS TO BE COMPLETED BEFORE YOU ASK FOR STAFF FEEDBACK):**

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