

## PARENT/TRUSTED ADULT CONNECTION FORM

Dear Parent or Guardian,

As your child enters adolescence, they will make many choices that will impact their future in a positive or negative way. Today your teen attended their first session of Nu-CULTURE. Our program is designed to equip young people to make positive, informed decisions that will help them reach their goals and dreams.

The biggest enabler of your child is you; studies indicate that teenagers are less likely to engage in risky behaviors (e.g. sexual activity, drug use, theft, etc.) if they have a strong connection with parents and other supportive adults. Following each session, your child will receive a Parent/Trusted Adult Connection Form about the topic for the day. Please take a few moments to review the exercises with them and discuss what they are learning in class. Once you have, simply complete the bottom portion and have your teen return it at the next session.

Sincerely,

Rhea Gordon  
Executive Director  
Healthy Futures

\_\_\_\_\_  
Principal/Facilitator



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- Today I learned that the choices you make N \_\_\_\_\_ will affect you L \_\_\_\_\_.
- Friends influence who we are and what we do. In today's session, we learned that it is our choice to pick good friends with the following ten qualities:  
L \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_  
R \_\_\_\_\_ K \_\_\_\_\_ H \_\_\_\_\_  
R \_\_\_\_\_ L \_\_\_\_\_ R \_\_\_\_\_  
H \_\_\_\_\_
- The three steps to decision making are:  
S \_\_\_\_\_ T \_\_\_\_\_ D \_\_\_\_\_

**Do you know your child's friends?**

Inviting them over for dinner is a great way of getting to know who your child is spending time with. The food breaks the ice, and welcoming them into your home demonstrates that you care about your child's friends.

## PARENT/TRUSTED ADULT CONNECTION FORM

My child, \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ and I discussed this handout.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address (Please Print Clearly)

\_\_\_\_\_  
Parent or Guardian (Print Name)

\_\_\_\_\_  
School Name

I authorize Healthy Futures (HF) to use, in whole or in part, my child's likeness, image, and performance during his/her participation in the program as HF shall determine in its sole discretion. HF and its successors and assigns, shall own all right, title and interest, including the copyright(s) of these images to be used without limitation as HF shall determine in its sole discretion. HF is not liable for unintentional misrepresentation of information derived from these images.

\_\_\_\_\_  
Signature of Parent or Guardian