

PARENT CONNECTION FORM

Dear Parent or Guardian,

Today your teenager attended their first session of the 8th grade Healthy Futures Nu-CULTURE program. Our program is designed to equip young people to make informed decisions that will positively affect their futures. Throughout this program, your teen will receive Parent Connection Forms following each session. Please take a few moments to work through these with your teen and encourage them to discuss what they are learning. Even if your child doesn't seem to be listening, keep talking; not only will they remember your advice, but the more you discuss tough issues, the less likely they are to engage in risky behaviors (e.g. drugs, sexual activity, theft, etc.). Communication between you and your teen is a vital key to their health and success.

Once you have discussed the exercises below, please complete the bottom of the form and have your teen return it during the next session. Thank you.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

Principal/Facilitator



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1. The choices you make N_____ will affect you L_____.

2. Our class discussed goal-setting and shared some of our dreams.
These are a few of mine:

After I graduate high school I would like to:

In ten years, I see myself:

3. Some things that could make it harder to reach my goal are:

I might avoid these by:

4. **Parent:** some of the goals I had when I was your age were _____.

I was/was not able to achieve these because:

The Big 3:

- You need to stay focused on your goals and dreams if you are going to be successful.
- Choices have consequences. There are three risks associated with sex: pregnancy/fathering a child, sexually transmitted infections (STIs), and emotional heartache. Choosing to delay sexual activity will help you stay focused on your goals and dreams.
- The people you spend time with influence your decisions and your ability to achieve your goals and dreams. Choose to spend time with people that meet your needs in a healthy way.

PARENT CONNECTION FORM

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

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