

	Georgia Department of Corrections Group: _____ Site: _____	
Participant:	Date:	
Program Delivery Staff:	Class Location:	
Day:	Time:	
PARTICIPANT EXPECTATIONS		

I _____ understand that there are a number of rules and expectations that I must respect as a participant in the above-named group. I understand that by signing this contract I indicate my knowledge of these rules.

- 1) I agree to promptly attend all scheduled sessions. I understand that the only exception to the above rule will occur if I must miss a session for a medical or other important reason.

I also understand that the Program Delivery Staff has the discretion to decide if the reason for my missing a session was legitimate. I understand that if I miss too many sessions for any reason, that I may be dropped from the program, and I will not receive a certificate of program completion.

- 2) I agree to complete all homework and written assignments as requested by the Program Delivery Staff. I understand that homework assignments will be passed in, to the Program Delivery Staff for review and comments.
- 3) I agree to actively contribute to group discussions.
- 4) I agree to treat all group members and the Program Delivery Staff with the same respect and courtesy with which I like to be treated.
- 5) I understand that the personal material discussed in the group is confidential and I agree to respect this confidentiality by not discussing any of this material outside of the group.
- 6) I understand that I will receive a certificate upon completion of the program if I comply satisfactorily with all the requirements as listed above.
- 7) I understand that a final report may be prepared describing my participation and progress in this program. This report, if applicable, will be placed in my file.

Signed: _____
Participant

Date: _____

Signed: _____
Program Delivery Staff

Date: _____