



THE _____ FAMILY

(insert family name above)

Name of Child or Teenager: _____

Date: _____

Family Members Present:

Targeted Behaviors: (List the main categories of behaviors that are being addressed, e.g., violating curfew, school issues, etc.) List 2 or 3 main behaviors.

Other issues to be address: (chores, cleaning room, etc.) These issues may be related to the behaviors listed above.

Desired behavior 1: (example: improve performance at school)

Plan (Rule): (example: two hours of homework or studying each day after school)

Negative Consequence:

The _____ Family

Positive Consequence:

Desired Behavior 2:

Plan (Rule):

Negative Consequence:

Positive Consequence:

Desired behavior 3:

Plan (Rule):

Negative Consequence:

Positive Consequence:

The _____ Family

Please add more pages if necessary

Below are the signatures of all family members involved in this contract. This contract is open for review, future negotiations and adjustments to take place at future family meetings.

Teen/Child Signature and Date: _____

Parents/Caregivers Signatures and Date:

Siblings/Other Family Members Signatures and Date:

The _____ Family