Aggression Replacement Training

Juvenile Justice Incentive Grant Informed Consent Form

I,	
Please note that the facilitators may make recommendations for other professional services such as psychological evaluations and ongoing counseling. In addition, services provided by the group facilitators will not interfere with or supersede other ongoing therapeutic relationships.	
Signature of Parent(s)/Guardian(s):	Date:
Signature of Youth:	Date:
Signature of Group Facilitator:	Date: