

SAIL Challenge Agreement



- I'm a student and my ID # is _____
- I'm a spouse married to _____ whose ID# is _____
- I have a current on-campus counselor (name) _____
- An on-campus counselor needs to be assigned to me

Year at PTS _____ Anticipated graduation date _____

I agree to:

1. Fill out the "Self-Care and Wellness Assessment" and the "Personal Formation Wheel" to identify lifestyle strengths as well as aspects that need some new "wind" and bring them to my first SAIL session.
2. Discuss with my counselor and set a few doable goals for change at the first session. Add other goals over the months if I wish to.
3. Have the total of 7 confidential meetings with an on-campus counselor for encouragement, support, and regular accountability over two to three consecutive semesters. Discuss with my SAIL counselor brief, written updates on my progress.
4. My student account (or my spouse's account) will be billed \$15 for each of the 7 sessions as I complete them, totaling \$105. I understand that at the end I will receive a \$40 Visa gift card and a certificate of completion.

(My Name)

(Name of On-Campus Counselor)

(My Signature)

(Counselor's Signature)

(Date)

(Date)