Substance Use Accountability and Prevention Plan:

1. Describe your choice pass violation. How has it affected you, your family, your friends and the community?

2. How come you intend to renew your Choice Pass Pledge?

3. What are your strengths and activities to help stay focused on being substance free?

4. What are your strategies and skills to be able to say no to peer pressure?

5. Who are your social supports to be able to stay substance free? My family? My friends?

6. What motivates you to make healthier choices and treat your body with respect? Please list three:
   A.
   B
   C.

_____Student _____ Parent Date: _____