

Appalachian Teen Challenge, Inc.  
Training Center

**POST GRADUATION FOLLOW-UP REPORT**

Name \_\_\_\_\_ Date graduated from Teen Challenge \_\_\_\_\_

Date you completed this report \_\_\_\_\_ Your advisor's name \_\_\_\_\_

This form is provided to you to help us follow up on your post graduation progress. It is important that you exercise complete honesty with your answers. The accountability this provides to you will not only benefit you but will assist us in providing the best counsel possible during your first year after graduation.

Your answers will be kept confidential and will be disclosed only to your advisor unless he/she feels that additional input from another staff person will benefit you.

After you have completed the form, please mail it to:

Appalachian Teen Challenge  
PO Box 980  
Athens, WV 24712

You must mail your report before the **25th** day of each month to qualify for our rebound program if the need arises.

1. Where are you currently living?

Street address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

With whom are you living? \_\_\_\_\_

2. What is the best phone number where we can reach you? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Have you located a home church? \_\_\_\_\_ What denomination? \_\_\_\_\_

4. Are you holding yourself accountable to someone in the church? \_\_\_\_\_

5. Are you involved in the church? \_\_\_\_\_ What do you do? \_\_\_\_\_

\_\_\_\_\_

6. Do you faithfully attend the church services? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_

7. Are you paying your tithes? \_\_\_\_\_ Where? \_\_\_\_\_

8. Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_

What do you do? \_\_\_\_\_

9. Are you furthering your education? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_
10. Are you consistent with your daily Bible reading? \_\_\_\_\_ Please explain in detail \_\_\_\_\_  
 \_\_\_\_\_
11. Are you consistent with your daily prayer time? \_\_\_\_\_ Please explain in detail \_\_\_\_\_  
 \_\_\_\_\_
12. Have you communicated with a former acquaintance who has done drugs in the past month?  
 \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_  
 \_\_\_\_\_
13. Have you used any type of tobacco product, alcoholic beverage, illegal drugs, or drugs that were not prescribed for you by a physician since your last completed report? \_\_\_\_\_ If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Have you viewed pornography since your last completed report? \_\_\_\_\_
15. Are you dating anyone? \_\_\_\_\_
16. Are you holding yourself accountable to a family member or close friend? \_\_\_\_\_
17. Are you carefully guarding your finances? \_\_\_\_\_
18. Have any radical changes (married, engaged, have a newborn child, change of churches or jobs, etc.) occurred in your life since the last report that you submitted to us? \_\_\_\_\_ If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing below, I am confirming that I have completed this report with honesty and sincerity. I understand that my advisor may wish to share my information with another staff person of Appalachian Teen Challenge, Inc. to receive assistance from them regarding the best approach to any problem I may be experiencing during my post graduation follow up period. I, therefore, give my advisor permission without stipulations to share this information with anyone he/she may choose. I also release Appalachian Teen Challenge, Inc., its Board of Directors, and anyone associated with it from any and all liability claims.

\_\_\_\_\_  
 Your signature                      Date

