**Group Contract**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth: ­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expectations of Members**

* Participants are encouraged to participate when comfortable, but participation is not forced.
* Participants are expected to be on time and attend each session accordingly.
* Participants are expected to not miss more than one session without extenuating circumstances.
* Participants are expected to maintain confidentiality.
* Participants are expected to inform facilitators if they have an issue.
* Participants are expected to be welcoming and opening, as this is new for everyone.
* Participants are expected to be respectful and courteous of others.
* Participants are expected to not use technology throughout the sessions. However, they are permitted on break.

**Expectations of Facilitators**

* Facilitators are expected to educate each participant on topics including anxiety, depression, triggers, and coping strategies.
* Facilitators are expected to provide positive feedback to each participant.
* Facilitators are expected to hold members accountable and ensure everyone feels included and equal.

**Feedback**

* Participants will be given a short assessment during the first session which will allow facilitators to see what the participants already know. During the eighth session, participants will complete the same assessment, so that researchers can see their growth and improvement.
* Facilitators encourage feedback from participants about what was taught, discussions, and various activities.

**Termination**

* If confidentiality is breached, the participant will be terminated.
* If a participant misses more than one session without informing a facilitator, the participant will be terminated.

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**