



"The Last Time We...." checklist

Section 1 - Directions: Think about the last time you and your parent(s) did any of the following activities. Indicate how long ago it was when you did the activity (1 day, 1 week, 3 weeks, 2 months, etc.). If the activity is something you have never done, check the box. If the activity is something you like to do OR would like to do, check the box. If the activity is something you have lost interest in, would like to stop doing, or you have no interest in doing, check the box.

Parents: Check the last box "We will do soon." if this is something you will do with your child within a month. Set a date and make plans.

Example:

ACTIVITY	Last Time Done Together	Never Done	Would Like To Do	Parents	
				No Interest	We Will Do Soon
Went to a: Sporting Event, Movie, Museum together	2 wks.		*		*

ACTIVITY	Last Time Done Together	Never Done	Would Like To Do	Parents	
				Lost/No Interest	We Will Do Soon
Baseball, Basketball, Football, Soccer					
Bike Riding, Roller Blading					
Boating					
Built something, Fixed something					
Camping					
Cooking, Baking					
Costume, Crafts, Decorations, Painting					
Fishing, Golfing, Rode horses					
Played at the Beach, Park, Went on a Picnic					
Quiet walk					
Read a book to/with each other					
Sang songs, Played an instrument					
Swimming					
Trained a pet					
Went out to Dinner (not fast food), Ice Cream					
Went to a: Sporting Event, Movie, Museum together					
Other:					

Don't forget your anti-drug poster clippings.

Parent Signature _____

Student Signature _____

Section 2 - Directions: Think about the last time you and your parent(s) talked about any of the following issue's. Fill in how long ago was the last time you talked to your parents about the issue (prior to P.L.U.S.² starting).

Parents: Check the last box "We will talk soon." if this issue is something you will speak with your child about and/or readdress within the month. Set a date and make plans.

ISSUE	Last Time We Talked	Never Spoken	Would Like To Speak About	Bored/No Interest	Parents
					We Will Talk Soon
Alcohol use					
Smoking, Snuff, Spit Tobacco use					
Marijuana use					
Inhalants use					
LSD (acid) use					
Ecstasy use					
Behavior expectations					
Dating: Rules, Etiquette, Politeness					
Friends					
Helping others, Volunteerism					
Homework and School expectations					
Household rules, curfew, responsibilities					
Opposite Sex, Attractions					
Parties, Impaired Drivers (riding with)					
Respect, Honesty, Accountability					
World affairs					
Music, Video games, Movies					
InterNet (dangers)					
Other:					

The research is clear....Kids who learn about the risks of drug use *from their parents* are less likely to use drugs. Kids are 36% less likely to use Marijuana, 50% less likely to use Inhalants, 56% less likely to use Cocaine, and 65% less likely to use LSD. (*National Drug Control Policy, "Keeping Your Kids Drug Free", 2001*).

Parent Signature _____

Student Signature _____

Don't forget your anti-drug poster clippings.