

Aspire

Core Program
5 Sessions

Name: _____

Class Period: _____

Alive & Well

Helping Teens Make Healthy Choices

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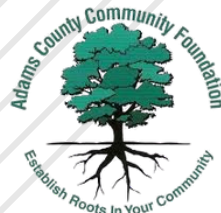
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Enhancing the quality of life in Huntington County.



Providing fueling solutions for wholesale and retail customers.



Making a lasting difference in Wells County.



Saving marriages, strengthening families, and empowering individuals towards hope and wholeness.



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Making a positive impact on our community.

Finding Your Passion

1. When you were a kid, what did you dream of being?
2. List some dreams you have now.
3. List your top 3 passions (things that make you lose track of time):
4. What are your top 3 talents (things others say you are good at)?
5. What do you value? What matters most to you?
6. What are some things you are not so good at?
7. List some things you filled your time with as a child. How could you "fill your time "now.
8. What is something you are curious about?



Self-Esteem Evaluation

How I feel about myself depends on what others think of me:

_____ Always _____ Sometimes _____ Never

When I am criticized, I "beat myself up" for being stupid:

_____ Always _____ Sometimes _____ Never

I believe my life would be better if I were more attractive:

_____ Always _____ Sometimes _____ Never

I do not easily accept compliments:

_____ Always _____ Sometimes _____ Never

When I look in the mirror, I see flaws in my appearance:

_____ Always _____ Sometimes _____ Never

I do not make time in my schedule for activities that support my health and well-being:

_____ Always _____ Sometimes _____ Never

I am uncomfortable expressing my opinions and feelings in my personal relationships:

_____ Always _____ Sometimes _____ Never

I do not like to admit that I don't know or understand something:

_____ Always _____ Sometimes _____ Never

In a restaurant, if my food doesn't match my order, I say nothing and just eat it:

_____ Always _____ Sometimes _____ Never

I do not value myself:

_____ Always _____ Sometimes _____ Never

I am afraid to express my opinions in class:

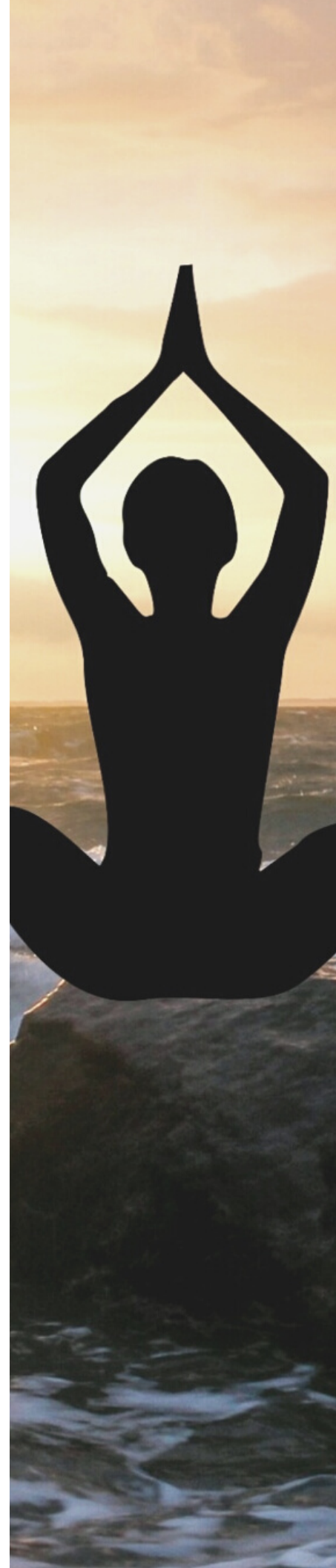
_____ Always _____ Sometimes _____ Never

Session 2

SELF-DISCIPLINE

1. Self-discipline is determining what _____ to be done and _____ it (even when you don't feel like it).
2. What is one habit you would like to break or goal you would like to achieve?
Create a SMART goal:
(Specific, Measurable, Achievable, Relevant, Timely)
3. What steps do you need to take to reach your goal?
4. What roadblocks could prevent you from reaching your goal?
5. What plan can you put into place to overcome these distractions?
6. Who could hold you accountable?
7. How can you celebrate your achievements along the way?

HOMEWORK: MY SMART GOAL



Session 3

Responsibility

1. What is a decision you regret in the past week?

2. Who else could be affected or was affected by this choice?

3. How would you rate yourself on a responsibility scale of 1-10? (10 = always dependable)

4. What are some ways you could be more dependable?

5. How might the following people be affected by a teens choice to be sexually active?

Teen	Sexual Partner	Both Teens' Parents	Baby conceived	Team/Social Activities	Future Spouse	School

Session 4

Relationships

The 10 signs of relationship abuse:

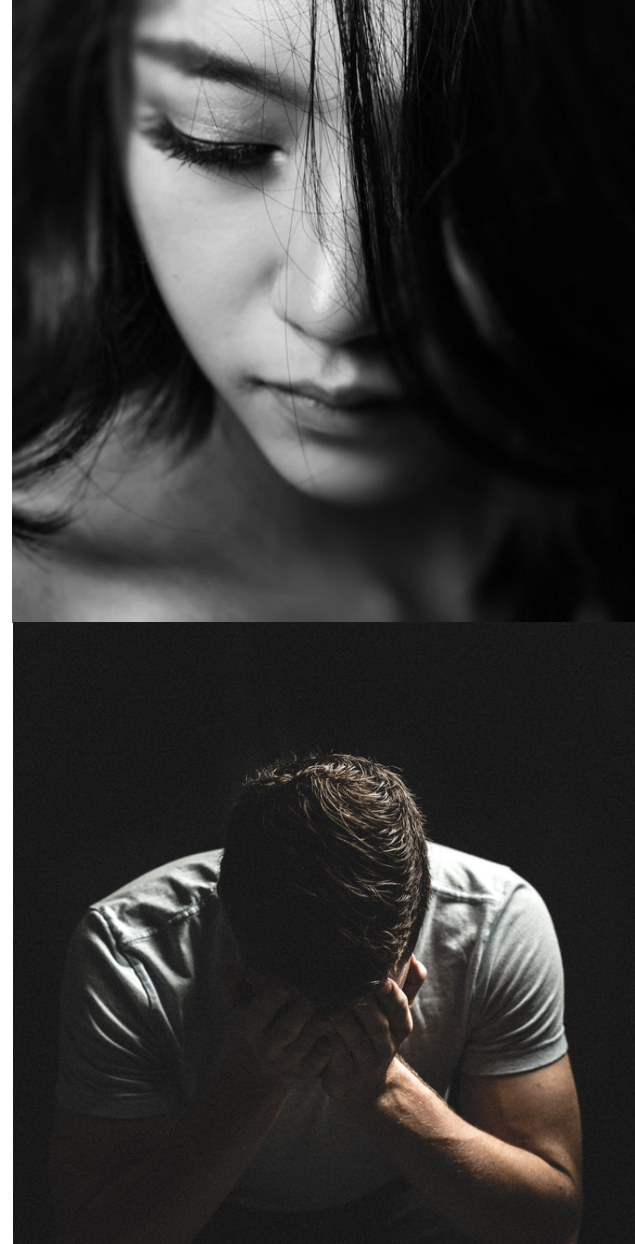
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Important things to remember about abuse:

1. It's not your _____.
2. You can still have healthy _____.
3. Tell a trusted _____.

Recovering from an unhealthy relationship:

1. How could letting go of the things people have done to hurt you bring freedom?
2. Why is it important to forgive, even if the person who hurt you is not sorry for what they did?
3. Is there anyone that you need to forgive? Do you need to ask someone for forgiveness?



RELATIONSHIPS QUIZ

Does this person accept you as you are without trying to change you?

Yes No

Do you enjoy this person's company most of the time?

Yes No

Does this person listen when you need to talk about a problem?

Yes No

Does this person seem to understand you?

Yes No

Is this person really what you want in a friend/dating partner?

Yes No

Does this person say good things about you?

Yes No

Does this person consider your opinion when making plans together?

Yes No

Is this person sensitive to your feelings?

Yes No

Does this person make you feel good about yourself?

Yes No

Can you be honest with this person?

Yes No

Can you talk about your feelings with this person?

Yes No



RELATIONSHIPS QUIZ CONTINUED

Does this person put you down or insult you?

Yes No

Does this person ever threaten you?

Yes No

Does this person often say negative things about others?

Yes No

Does this person ever try to make you feel bad about yourself?

Yes No

Does this person ignore you when you need help?

Yes No

Does this person put you down when you disagree with them?

Yes No

Are they jealous or possessive of you?

Yes No

Does this person pressure you to do things you know you shouldn't do?

Yes No

Do you feel down or frustrated after being with this person?

Yes No

Has this person ever pushed, shoved, punched, choked, slapped, or hurt you in any way?

Yes No

PAGE 7



If you answered mostly YES for the first page, and mostly NO for the second page, you should appreciate this person and be a good friend in return. If the opposite is true, it may be time to re-evaluate your relationship.

LIVE OUTSIDE YOURSELF

Session 5

1. How does giving change others?
2. How can giving change you?
3. What is meant by "when you give you can never fail"? How does this concept change the way you understand giving?
4. Think through a typical day in your life. Make a list of the needs of others that you come across beginning when you wake up until the time you go to bed. How could you help meet these needs?
5. What keeps you from meeting those needs?
6. If you had one year to change something in the world for the better, what would it be and why?

I NEED HELP!

A secret struggle can tear a person apart. Be sure to talk to a trusted adult, your school counselor, or one of the organizations listed below.

For more helpful websites, visit aliveandwellteens.com or 211.org.

ABUSE



NATIONAL DOMESTIC VIOLENCE/ABUSE HOTLINE

TEXT: loveis to 22522
1.800.799.SAFE
1.866.331.9474



INDIANA CHILD ABUSE AND NEGLECT HOTLINE

1-800-800-5556



NATIONAL SEXUAL ASSAULT HOTLINE

hotline.rainn.org
800-656-HOPE

BULLYING



STOP BULLYING .GOV
stopbullying.gov
1-800-273-TALK



NATIONAL EATING DISORDERS ASSOCIATION
nationaleatingdisorders.org
call or text: (800) 931-2237

EATING DISORDERS

COUNSELING



LOOK UP INDIANA
Chat or text a soul medic
Text LOOKUP to 494949
or visit: lookupindiana.org



CROSSWINDS (FAMILY COACHING AND COUNSELING)
Crosswindseyouth.org
855.927.7963



RENOVATE COUNSELING SERVICES
renovatecounseling.org
260.307.5030

PORNOGRAPHY



X3 WATCH
x3watch.com



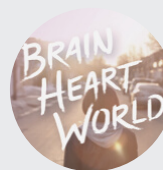
NF COMPANION
App for Android



COVENANT EYES
covenanteyes.com



FIGHT THE NEW DRUG
fightthenewdrug.org



BRAIN, HEART, WORLD
brainheartworld.org

ONLINE PREDATOR



NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN

cybertipline.org
1-800-843-5678

SELF HARM



SAFE ALTERNATIVES
800-DONT-CUT
selfinjury.com



NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-8255
suicidepreventionlifeline.org

SEX TRAFFICKING



SHARED HOPE INTERNATIONAL
sharedhope.org
1-866-437-5433



HUMAN TRAFFICKING IN OUR BACKYARD
InOurBackyard.org
888-3737-888
Text: HELP to 233733

STI TESTING



THE HOPE CLINIC
hopeandanswers.com
Berne:
260.589.3561
Decatur:
260.728.4191



A HOPE CENTER
ahopecenter.org
Call or Text:
224.585.3544

UNPLANNED PREGNANCY

Check your local Health Department for valuable resources.



BARB HARTSELL
Pregnancy Counselor
Bethany Services
bhartsell@bethany.org
260.820.3404



THE HOPE CLINIC
Berne or Decatur
thehopeclinic.net
B: 260.589.3561
D: 260.728.4191
24/7 Help Line:
1.800.395.HELP



HELPING HANDS
Pregnancy Resource
Bluffton, IN
helpinghandscpc.org
260.824.4263



A HOPE CENTER
Fort Wayne
ahopecenter.org
24/7 Help Line:
260.422.3544

MY LIFE MISSION

Name: _____

I want my future to include:

4 things I want to be known for:

The steps I will take to reach these goals:

Who's on my team:

Accountability Partners:

Mentors:

Roadblocks I should prepare for:

My plan to avoid or deal with these road blocks:

What can I do to positively impact my world?



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Homework Session 3

Name: _____

FOLLOW YOUR CURIOSITY

What are you curious about?

You may not know what your ideal career is right now, and that is okay. What is a first step you could take to follow your curiosity?

What are my priorities in my life?

What are my goals for my life?

What worthwhile contribution do I want to make in the world?

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families, and empowering individuals
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MY SMART GOAL

*Today in class we made SMART goals (Specific, Measurable, Achievable, Relevant, and Timely).
Answer the questions below to help you better define how your goal will affect your future.*

What are your passions in life?

What inspires you?

What obstacles have you had to overcome in your life?

How have those obstacles made you stronger?

How have those obstacles prepared you to accomplish your dreams?

How do you motivate yourself to take action?

What do you think your purpose in life is?

Who do you admire? What makes you admire this person?

How could you make yourself better?

How could you make the world better?

S SPECIFIC

M MEASURABLE

A ACHIEVABLE

R RELEVANT

T TIMELY

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Name: _____

Homework Session 1

TOOT YOUR HORN

Honestly complete as many of the statements as you can

Qualities that I like about myself are:

I consider myself good at:

I've been successful at:

My friends would say that my positive qualities include:

What I enjoy most is:

I am loved by:

People compliment me for:

I laugh when I think about:

I feel good about myself when I:

I feel peaceful when:

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