



Because I Love You[®]

The Parent Support Group

B.I.L.Y., TOO — PARENT to YOUTH COMMUNICATION

Youth's Name: _____ Date: _____

Parent(s) Name _____ / _____

WHAT DO YOU FEEL WENT WELL THIS WEEK:

WHAT DO YOU FEEL NEEDS TO BE WORKED ON:

WHERE MAY I HAVE BEEN WRONG THIS WEEK:

Parent(s) Signature _____ / _____