

ACE EDUCATION
Alcohol Classes For Minors

NAME:_____

Last.

First.

MI. _____

Sex. M. F Age____. Date of Birth_____

Address:_____

Street.

City/State/Zip _____

Phone Number:_____. Grade Classification: F S JR
SR College_____

Ethnic Origin: African American. Angelo-American. Asian. Hispanic
Causian. Other_____

Drivers License_____. Social Security_____

Charge: MIP____DUI____PI____MIC_____

Judge's Name/Court_____. Additional Offenses: 1 2 3

Email (if 17 or older)_____

PLEASE READ CAREFULLY

1. Students under 16 must have a parent signature for the minor to take the alcohol class for minors
2. Class must be taken in correct sequence: (Session 1 then Session 2). Tardiness or absence from any class will result in being dropped from the program and must retake and repley for the program
3. Students must complete a final written exam with a minimum score of 70% to receive a certificate
4. If a certificate is lost a duplicate certification can be issued for a fee of \$25..00

STUDENT SIGNATURE_____Date_____

PARENT SIGNATURE;_____Date_____

Name _____ Age _____ Gender (circle one) M F

PERSONAL ALCOHOL PROFILE

For each of the following questions, mark an "X" in the appropriate column. Please answer each question for the past SIX-MONTH period only.

PART I

YES	NO	<u>DURING THE PAST SIX MONTHS, HAVE YOU:</u>
()	()	1. Felt guilty about your drinking?
()	()	2. Cut a class or missed work after having several drinks?
()	()	3. Heard anyone close to you complain about your drinking <u>or</u> suggest that you cut down on you drinking?
()	()	4. Gotten "high" on alcohol <u>before</u> going out on a date?
()	()	5. Passed out from drinking while on a date or out with friends?
()	()	6. Gotten into conflicts with your friends or acquaintances after drinking?
()	()	7. Drank and stayed at home instead of going out to be with others?
()	()	8. Lied to friends about your drinking?
()	()	9. Acted more quarrelsome or angry after drinking?
()	()	10. Had a difficult time being with friends without drinking?
()	()	11. Had bad abdominal pain the morning after drinking?
()	()	12. Found that you could not remember what you did the night before when you were drinking?
()	()	13. Missed morning classes or went to work late because of drinking?
()	()	14. Drank when you felt lonely or depressed?
()	()	15. Become more depressed when drinking?
()	()	16. Drank after blowing an exam or after other disappointments?
()	()	17. Been scared by your reaction to alcohol?
()	()	18. Run out of money because you spent too much on alcohol?

before
class

YES NO

DURING THE PAST SIX MONTHS, HAVE YOU:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Gotten into trouble with the police or campus officials because of your behavior after drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Spent more money on alcohol than you think you should have? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Damaged personal or school property after drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Driven a car when you know you have had too much to drink? |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Usually gulped the first two or three drinks? |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Chosen not to attend a social activity because there would be no alcohol? |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Increased the amount of alcohol that you use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Found that you are using more and enjoying it less? |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Drank in order to forget or feel better about problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Thought that you might have a drinking problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Engaged in sex after drinking that you were later sorry for or embarrassed about? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Has answering the above questions caused you to think any differently about your drinking? |

PART II

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do either of your parents have a drinking problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does anyone in your family other than your parents have a drinking problem? |

PART III

1. What alcoholic beverage did you have in your possession at the time of your citation?

2. What is your favorite type of alcoholic beverage?

3. At what age did you begin drinking (other than a sip of parents drink)?
