



# HEALTHY RELATIONSHIPS

In collaboration with Planned Parenthood of Southern New England and DDS Self Advocate Coordinators; the Healthy Relationship Series will be held in the West Region. The Relationship series is a 6 session course on making, developing and having relationships. Consumers need to plan to participate in all 6 sessions. The first session of the series will include an overview of the material to be covered. Support staff need to plan on attending and participate in the first session. This will assist everyone in knowing what to expect in the series.

*The WR Relationship Series will be held in the DDS Cheshire Center, 25 Creamery Road, Cheshire, CT from 4:00 to 8:00 pm \* EXCEPTION: April 4<sup>th</sup>, will start at 5PM -9PM*

Monday 04/01/2013

Thursday 04/04/2013

Monday 04/08/2013

Thursday 04/11/2013

Thursday 04/18/2013

Monday 04/22/2013

TO REGISTER: PLEASE COMPLETE THE ATTACHED APPLICATION

- IT IS REQUIRED TO PARTICIPATE IN THE SERIES. SEND TO SANDI GEER

[SANDI.GEER@CT.GOV](mailto:SANDI.GEER@CT.GOV) OR FAX TO: 203-805-7410 OR LISA FAYER: FAX TO (860) 622-4917  
BY MARCH 25<sup>TH</sup>, 2013

Only 25 participants per region

COME JOIN US!

Each session will have a potluck. Participants will be asked to bring a healthy dish to share.

Potluck

Sign Up Early



# HEALTHY RELATIONSHIPS AND SEXUALITY GROUP

## REFERRAL FORM

**Participant's Name:**

**Case Manager:**

Why are you interested in participating in the healthy relationship training?

Describe how you communicate and what your learning style is:

Please describe what your familiarity with the following concepts is on a scale of 1 to 10:

(1 = knows very little information and 10 = knows lots of information)

1. Body parts and functions:
2. Intimacy:
3. Differentiating between types of relationships:
4. Consent and illegal sexual activities:
5. Public/Private:
6. Are there any risk factors and/or personal history relating to relationships and sexuality that the facilitators should be aware of?

(If you are supporting someone to complete this form, please ask the person before sharing any confidential information. If the person chooses

to share his or her story, please provide the person with the opportunity to speak directly to the facilitators.)

## **Relationship Training – Individual Agreement**

In this training we will talk about relationships and sexuality. We will cover different topics including:

1. Understanding who you are as a person – interests, likes/dislikes, communication style
2. How to be in different kinds of relationships (friendships, employer/employee, intimate)
3. How to start a relationship, how to stay in one and how to decide what is okay in relationships
4. How to communicate with others
5. Sexuality and sexual health
6. Male and female body parts
7. What can go wrong in a sexual and romantic relationship? And how to make things go right (consent, safe expression, legal issues)

In addition to talking, we will do role-plays, play games, and do small group activities to help us understand and learn about relationships and sexuality.

### **As educators we will:**

1. Provide a safe and respectful place to talk about relationships and sexuality
2. Be honest and responsible about the information we share

3. Listen to group members' concerns and need for information and respond to the best of our ability.

4. Help group members find other resources as needed

Maintain confidentiality **unless** there are safety concerns or reports of abuse

**As a participant, you agree to:**

1. Help develop and follow all group agreements during class (as developed within the group)

2. Be honest, respectful, and responsible in your communication

3. Name a safe person who you can talk to about feelings or questions that come up during group. (Note: The educators can help in thinking of possible safe people.)

4. Keep the information shared by other group members private

5. Commit to be at every class and on time whenever possible

**I understand and agree to the above.**

Participant's Signature: \_\_\_\_\_

Name of "Safe Person": \_\_\_\_\_

Telephone Number of "Safe Person": \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Staff/Family accompanying participant to the first session:

\_\_\_\_\_

Comments:

---

---

---

---

---

---

---

Form Completed by:

Consumer

Consumer with family member

Consumer with support staff

Consumer with other  Relationship of other person \_\_\_\_\_