

ALBANY COUNTY COURT SUPERVISED TREATMENT PROGRAM WEEKLY "GAINFUL AND MEANINGFUL" ACTIVITY SCHEDULE

NAME: _____ WEEK OF _____ THRU _____

DAY	Work/school/ community service schedule:	Meetings schedule: P&P appointments, counseling, AA/NA, Court	Extracurricular Activities: Personal, visitation, shopping
MONDAY			
TUESDAY			
WEDNESDAY		<u>*Turn in AA/NA to CST offices by 5pm.</u>	
THURSDAY		<u>Court House: 3:30pm-5:00pm</u>	
FRIDAY			
SATURDAY			
SUNDAY			

NOTE: You will not be allowed to make changes on your schedule once it has been turned in for the week. The only exceptions will be for emergencies or changes in your work schedule. So be sure you schedule is complete and accurate prior to submission.

Be sure to include the beginning and end times for each activity, and the specific place you will be. Don't forget about the following when creating your schedule for the week:

Treatment (IOP/Group, Individual)

Gas Station (which one?)

Movie Theater (which one?)

Court

Gym (which one?)

Breakfast, Lunch, Dinner Out (where?)

Meetings with CST staff: Rebecca, Claire,
Taylor

Barber/Beauty Shop (which one?)

Self Help (AA/NA/Smart Recovery) (where?)

Meetings with Probation

Work

Doctor (which one? Where?)

Grocery Store (which one?)

Visitation

Community Service (where?)

Bank (which one?)

Walks/Runs/Bike Rides (where?)

School/Class/Studying

Dog Walks (walking where?)

If you struggle with remembering to check in, then you can add that to your schedule.

Don't forget to include the beginning and end time of the activity, as well as where specifically you will be.