



The Remembrance Course

A Magnificence Experience
Course Information Sheet

Course Date

City

Name _____

Address _____

City _____ State ____ Zip _____

Home phone (____) _____

Work phone (____) _____

E-mail _____

Date of Birth ____ / ____ / _____

Complete this form and return within 5 days to:



1947 Greenwood Drive, Tallahassee, FL 32303
850/201.2622 FAX 850/201.2947
mmiller@upgradecenter.org

This Course Information Sheet (CIS) gives us the information that will allow us to be more helpful to you in your Remembrance Course. This information enables us to focus on your individual objectives for the experience. The course instructors and their assistants will go over the information on your Course Information Sheet in detail prior to the course and adapt the program to fit the specific individuals attending. It will help them greatly if you **type or print clearly** the answers to the questions. Thank you for your cooperation. We're looking forward to making your Remembrance Course a very rewarding and magnificent experience.

Goals

What do you want to be different as a result of completing The Remembrance Course experience? State **SPECIFIC RESULTS** you want to produce in the areas of:

Work:

Love:

Friendship:

Is there anything else we should know about you that would enable us to help you accomplish your goals?

FAMILY INFORMATION

List the first name and age, oldest to youngest, of each family member in the spaces below. Check whether the person is a brother or sister, son or daughter. In the Other Info. column list a personality trait such as strong, sickly, outgoing, dominating, etc. If any of them are no longer living, write the cause of death in the Other Info. column and the year they died. Also, use the Other Info. column to indicate step family.

Family	Name	Age	Occupation	Other Info	Died
You					
Mother					
Father					
Oldest <input type="checkbox"/> Sister <input type="checkbox"/> Brother					
Next <input type="checkbox"/> Sister <input type="checkbox"/> Brother					
Next <input type="checkbox"/> Sister <input type="checkbox"/> Brother					
Next <input type="checkbox"/> Sister <input type="checkbox"/> Brother					
Next <input type="checkbox"/> Sister <input type="checkbox"/> Brother					
Next <input type="checkbox"/> Sister <input type="checkbox"/> Brother					

Current Family	Name	Age	Occupation	Other Info	Died
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner					
Oldest <input type="checkbox"/> Son <input type="checkbox"/> Daughter					
Next <input type="checkbox"/> Son <input type="checkbox"/> Daughter					
Next <input type="checkbox"/> Son <input type="checkbox"/> Daughter					
Next <input type="checkbox"/> Son <input type="checkbox"/> Daughter					
Next <input type="checkbox"/> Son <input type="checkbox"/> Daughter					
Next <input type="checkbox"/> Son <input type="checkbox"/> Daughter					
Next <input type="checkbox"/> Son <input type="checkbox"/> Daughter					

Early Recollections

Print or type two early recollections. An early recollection is a memory of a very SPECIFIC INCIDENT that occurred when you were a child.

Example of an early recollection:

Age 4-5 One day I was riding my tricycle and my brother pushed me.
 I fell off. He laughed at me.
 I felt embarrassed.

Notice that the above recollection describes a specific incident. It is not a generalized report.

The following is NOT an early recollection:

When I was a kid, I always used to ride my tricycle and fight with my brother.

It doesn't matter if the experiences you recall are positive or negative. Nor does it matter how far back you can remember, as long as they are your earliest memories. Write two recollections in the spaces below. Give your approximate age and describe how you felt.

Early Recollection 1 Age:
How you felt:

Early Recollection 2 Age:
How you felt:

Additional Background Information

Employed by:	Supervisor:
Describe your responsibilities:	
How are you valuable to your company?	
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Living together since when <input checkbox"="" type="checkbox/>(re)Married when
<input type="/> Separated since when <input type="checkbox"/> Divorced when <input type="checkbox"/> Widowed when	
Describe your relationship:	
If you have children, describe your relationship with them:	
Have you ever served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe your experience:	
Have you ever had counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No What were your results: What would have made the results more positive?	

