

**REVIEW 15/30 DAY FORM**

Resident's Name: \_\_\_\_\_

- 1.) Gets up on time? \_\_\_\_\_
- 2.) Follows breakfast schedule? \_\_\_\_\_
- 3.) Follows dishwashing schedule? \_\_\_\_\_
- 4.) Keeps room neat and makes bed? \_\_\_\_\_
- 5.) Observes bathroom rules and courtesies? \_\_\_\_\_
- 6.) Does assigned responsibilities for the day? \_\_\_\_\_
- 7.) Does Saturday cleaning assignment? \_\_\_\_\_
- 8.) Does housework willingly? \_\_\_\_\_
- 9.) Observes rules regarding laundry schedule? \_\_\_\_\_
- 10.) Observes dinner rules? \_\_\_\_\_
- 11.) Observes rules regarding food and eating? \_\_\_\_\_
- 12.) Observes quiet time? \_\_\_\_\_
- 13.) Observes bedtime schedule? \_\_\_\_\_
- 14.) Settles down on time at night? \_\_\_\_\_
- 15.) Attends church and Bible studies willingly? \_\_\_\_\_
- 16.) Does personal Bible study? \_\_\_\_\_
- 17.) Participates in group Bible study? \_\_\_\_\_
- 18.) Observes rules for personal hygiene? \_\_\_\_\_
- 19.) Has tried to find work? \_\_\_\_\_
- 20.) Observes curfew? \_\_\_\_\_
- 21.) Uses money wisely? \_\_\_\_\_
- 22.) Observes the no smoking policy? \_\_\_\_\_
- 23.) Receives instruction well? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

24.) General attitude: \_\_\_\_\_  
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\_\_\_\_\_  
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