

**FACILITY: \_\_\_\_\_  
LAMOD ORIENTATION FORM**

**YOUTH'S NAME:** \_\_\_\_\_

**DORM** \_\_\_\_\_ **AREA** \_\_\_\_\_

**MY SIGNATURE BELOW ACKNOWLEDGES THAT THE FOLLOWING  
AREAS WERE EXPLAINED AND I HAVE RECEIVED MY ORIENTATION  
BOOKLET:**

- |       |  |
|-------|--|
| _____ | <b>CAMPUS &amp; PURPOSE</b>  |
| _____ | <b>ORIENTATION PROGRAM &amp; PURPOSE</b>                             |
| _____ | <b>ROLE OF COUNSELOR/MENTOR</b>                                      |
| _____ | <b>INDIVIDUAL &amp; GROUP COUNSELING</b>                             |
| _____ | <b>REMOVAL FROM PROGRAMMING</b>                                      |
| _____ | <b>EARLY RELEASE CRITERIA</b>  |
| _____ | <b>VISITING POLICIES</b>   |
| _____ | <b>PERSONAL PROPERTY RULES</b>                                       |
| _____ | <b>TELEPHONE PRIVILEGES</b>  |
| _____ | <b>SCHOOL &amp; VOCATIONAL PROGRAMS</b>                              |
| _____ | <b>JOB PLACEMENT &amp; PROCEDURE FOR REQUESTING<br/>REASSIGNMENT</b> |
| _____ | <b>CODE OF CONDUCT</b>   |
| _____ | <b>MAIL POLICY</b>   |
| _____ | <b>PEER MENTOR ASSIGNMENT</b> _____                                  |
|       | (Name of Peer Mentor)  |
| _____ | <b>STAFF MENTOR ASSIGNMENT</b> _____                                 |
|       | (Name of Staff Mentor)   |

**ORIENTATION PRESENTED BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**YOUTH SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Original Case Record

cc: LAMOD Coordinator