

Date _____

Session # _____

Adolescent ID _____

Therapist Init. _____

**ACRA
Daily Reminder To Be Nice**

Name: _____

Week Starting: _____

Activity	Day						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Did you express appreciation to the other person today?							
Did you compliment the other person on something?							
Did you give the other person a pleasant surprise?							
Did you express affection?							
Did you initiate pleasant conversation?							
Did you offer to help?							