

ADOLESCENT APPLICATION

Name _____ Age _____ Birthdate _____

Home Address _____ City _____

State _____ Zip _____ Phone # _____

Date: _____

1. What do you see as the current problem that you are having? _____

2. Why do you think there is a need for you to have help outside of the home? _____

3. Is there anyone in your family that you feel understands you? _____

4. How do you get along with your Father? _____

Mother? _____

Sister(s)? _____

Brother (s)? _____

5. Whom do you get along with the most in your family? _____

6. Whom do you get along with least in your family? _____

7. What do you like best about your family? _____

8. What do you like least about your family? _____

9. Do you like school? _____

10. What is your favorite subject in school? _____

11. What do you dislike about school? _____

12. Do you find it difficult to make friends? If yes, why? _____

13. What do you like most about yourself? _____

14. If there was one thing you could change about yourself, what would it be? _____

15. Is there anything you would like to add that might help us understand you better? _____

18. In what way do you think being in our program could be a benefit to you? _____

19. Describe yourself. _____
