

# Changes Life Skills Groups

## Changes Information Form

Welcome to our program. We look forward to working with you. This form requests information about you and your teen, which will help us. Thank you.

Parent/Guardian Name(s) \_\_\_\_\_ Today's Date \_\_/\_\_/\_\_\_\_  
Teen Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Birth date \_\_/\_\_/\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Phone # Home ( ) - OK to Contact? \_\_Y\_\_ N Cell ( ) - OK to contact? \_\_Y\_\_ N  
Cell ( ) - OK to contact? \_\_Y\_\_ N

Parent Email Address \_\_\_\_\_/\_\_\_\_\_

Parents' Relationship Status (circle one) single married/partnership separated divorced widowed

**Please indicate any concerns you might have about your teen:**

---

---

---

---

**Please indicate any pertinent medical history of your teen:**

---

---

---

---

**Have you sought other help for your teen before? If so, please list:**

---

---

---

**RELATIONSHIPS** *Please place a checkmark next to items that apply to your teen.*

Too few friends   Talks to friends about their problems   Is overly shy   Makes friends easily  
Enough friends   Doesn't talk to friends about problems   Finds it very difficult to open up to others  
Finds it hard to keep friends

**Changes Information Form**

# Changes Life Skills Groups

*Please list the things/events/problems that are creating stress in your child's life at the present time. Include significant losses and changes in your family's life.*

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

## **CURRENT FUNCTIONING**

*Place an "X" on the following scale to indicate how well you think your child is coping with things at the present time. 100% means they are coping the best they ever have.*

I-----I-----I-----I-----I-----I-----I-----I 0  
30      40      50      60      70      80      90      100%

**As a parent/guardian, please indicate which challenges you are having in your relationship with your teen:**

---

---

---

**Parent: ANYTHING ELSE YOU WANT US TO KNOW?**

---

---

---

---

---

---

---

**Teen: What are the main things you would like to discuss in groups?**

---

---

---

---

**Parent: How did you hear about the Changes Groups?**

---

---