

Arvin High School
Teen Project
Student Form 2011-2012

Name of Student: _____ Date: _____

1) What do you feel are the three major problems with your Parents and how does it affect your relationship with them?

1)

2)

3)

2) On a Scale of 1-5 (1 = Leave me Alone, 5 = I'm ready for change), where do you see yourself?

Leave me Alone 1.....2.....3.....4.....5 **I'm Ready**

3) What are your expectations from Parent Project/Teen Project?

4) When you break a rule at home what happens?

5) Who lives at your house with you? Who's employed?

6) Please tell me two good things about yourself?

1)

2)

7) Please tell me two good things about your parents?

1)

2)

8) What do you love to do? (What are your hobbies?) Do your parents support or encourage it?

9) What activities do you do together as a family (i.e. play board games, have dinner together)?

10) Is there any additional information that you would like to tell us about you??

Arvin High School
Teen Project
Student Form 2011-2012