

## **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	n Name Age			
Address			Birth date//	
Address	State	Zip		
School	Grade			
Phone # Home ( ) - OK to Cell ( ) - OK to ce	Contact?Y N Contact?Y N	Cell ( ) -	OK to contact?Y N	
Parent Email Address				
Parents' Relationship Status (circ	cle one) single married	d/partnership	separated divorced widowed	
Please indicate any concerns you	might have about yo	ur teen:		
Please indicate any pertinent med	dical history of your to	een:		
Have you sought other help for y	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

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Please list the things/events/proble	ms that a	are creat	ting stre	ss in yo	ur child	's life at	the pr	esent
time. Include significant losses and	l change	s in you	r family	's life.				
1.		2.						
3		4.						
1		6.						
CURRENT FUNCTIONING Place an "X" on the following scal things at the present time. 100% m I	e to indi eans the	cate how y are co	w well y ping the	ou thinle best th	k your c ey ever I	hild is c have. I	oping v	with
As a parent/guardian, please indica your teen:								
Parent: ANYTHING ELSE YOU	WANT U	US TO I	KNOW?	?				
Teen: What are the main things you	ur would	l like to	discuss	in grou	ps?			
Parent: How did you hear about the	e Chang	es Grou	ps?					

Please return completed form to: <a href="mailto:admin@freedomcommunity.com">admin@freedomcommunity.com</a> or fax 310-378-3024 or mail to: Freedom4U, 336 Tejon Place, PVE, CA. 90274.