GETTING TO KNOW ME

YOUTH (11 - 18 YEARS OLD)

Please leave any questions that are unknown blank

IDENTIFYING INFORMATION

Youth Name: _____ **Date of Birth:** _____

EDUCATION & SCHOOL

SCHOOL PERFORMANCE:

BEHAVIORALLY	☐ Poor	☐ Fair	☐ Good	☐ Excellent
ACADEMICALLY	☐ Poor	☐ Fair	☐ Good	☐ Excellent

Educational Strengths and Needs: _____

Has the youth ever been expelled or suspended? ☐ Yes ☐ No If "Yes", explain: _____

Does the youth participate in structured community or school extracurricular groups, activities, or events?

☐ Yes ☐ No If "Yes", details: _____

DOES THE YOUTH:

Have friends at school?	☐ Yes	☐ No	Know how to read?	☐ Yes	☐ No
Like the teachers?	☐ Yes	☐ No	Know how to write?	☐ Yes	☐ No
Like school?	☐ Yes	☐ No	Stay after school often?	☐ Yes	☐ No
Resist going to school?	☐ Yes	☐ No	Sports/school activities?	☐ Yes	☐ No

YOUTH'S EMPLOYMENT OR VOLUNTEER WORK

Currently Employed: ☐ Yes ☐ No If yes, Employer Name: _____

Position: _____ Work Phone Number: _____

Average Hours Worked Per Week: _____ Supervisor Name: _____

Perform Community Service or Volunteer Work? ☐ Yes ☐ No If yes, Where: _____

Please Describe: _____

STRENGTHS AND RESOURCES

	OFTEN	SOMETIMES	SELDOM		OFTEN	SOMETIMES	SELDOM
Benefits from structure	☐	☐	☐	Club or group involvement	☐	☐	☐
Creative	☐	☐	☐	Engaging personality	☐	☐	☐
Good self-control	☐	☐	☐	Healthy self-esteem	☐	☐	☐
Positive manners	☐	☐	☐	High self-esteem	☐	☐	☐
Responds to direction	☐	☐	☐	Positive peer relations	☐	☐	☐
Skill or interest in art	☐	☐	☐	Sense of humor	☐	☐	☐
Skill or interest in music	☐	☐	☐	Positive adult relationships	☐	☐	☐
Skill or interest in athletics	☐	☐	☐	Skill or interest in academics	☐	☐	☐

RECREATION & LEISURE

What does youth do for amusement, recreation, or hobbies? _____

Does the youth watch television? ☐ Yes ☐ No If "Yes", how much? _____

What are the youth's favorite T.V. shows? _____

What T.V. shows is the youth not allowed to watch? _____

Does the youth have a cell phone? ☐ Yes ☐ No

Does the youth have social media accounts? *(Facebook, Snap Chat, Instagram, etc.,)* ☐ Yes ☐ No
Are they allowed to have social media accounts? ☐ Yes ☐ No If "Yes", what one(s)? _____

Has the youth been to camp? ☐ Yes ☐ No If "Yes", where/when _____
Does youth have a boyfriend/girlfriend? *(Romantic Involvement)* ☐ Yes ☐ No
Is the youth sexually active? ☐ Yes ☐ No Using birth control? ☐ Yes ☐ No

DOES THE YOUTH ENGAGE IN:	NEVER	RARELY	SOMETIMES	VERY OFTEN
Tobacco Use:	☐	☐	☐	☐
E-Cigarette/Vape Use:	☐	☐	☐	☐
Alcohol Use:	☐	☐	☐	☐
Drug Use:	☐	☐	☐	☐

If the youth is using drugs, indicate what type: *(Check all that apply)*

☐ Marijuana ☐ Opiates
☐ Steroids ☐ Cocaine
☐ Methamphetamine ☐ Ecstasy
☐ Non-Prescribed Prescription Drugs ☐ Benzodiazepines
☐ LSD ☐ Opiates
☐ Amphetamines ☐ Other *(Specify)*: _____

Has the youth had prior or current drug treatment? ☐ Yes ☐ No ☐ CURRENT
If "Yes", where and when: _____
Is the youth involved in a gang or cult? ☐ Yes ☐ No If "Yes", describe: _____

DOES THE YOUTH KNOW ABOUT:

	No Knowledge	Some Knowledge	Knowledgeable	Unknown	Comments/Explanation
Menses	☐	☐	☐	☐	
Intercourse	☐	☐	☐	☐	
Sexuality	☐	☐	☐	☐	
Birth	☐	☐	☐	☐	
STD	☐	☐	☐	☐	
Family Planning	☐	☐	☐	☐	

EMOTIONAL CONSIDERATIONS

What are the youth's emotional considerations *(Please list out what makes the youth laugh, cry, frustrated and/or afraid)*

_____

_____

SLEEP INFORMATION FOR YOUTH

What is the youth's usual bedtime? _____ Usual wake time: _____
Please describe the youth's sleeping pattern: _____

_____

Is the youth difficult to wake? ☐ Yes ☐ No If "Yes", what helps? _____
Does the youth have a bedtime routine? ☐ Yes ☐ No Describe: _____
Does the youth have a diagnosed sleep disorder? ☐ Yes ☐ No If "Yes", please explain:

_____

DOES THE YOUTH:	NEVER	RARELY	SOMETIMES	VERY OFTEN	ALWAYS
Walk or talk while sleeping?	☐	☐	☐	☐	☐
Resist going to bed?	☐	☐	☐	☐	☐
Want a light on?	☐	☐	☐	☐	☐
Have nightmares?	☐	☐	☐	☐	☐
Sleep through the night?	☐	☐	☐	☐	☐
Use the bathroom in the night?	☐	☐	☐	☐	☐

BEHAVIORS *(Identify the youth's observed behaviors that may result in harm or injury to self or others)*

	NEVER	RARELY	SOMETIMES	VERY OFTEN	ALWAYS
Aggressive	☐	☐	☐	☐	☐
Destructive	☐	☐	☐	☐	☐
Tantrums	☐	☐	☐	☐	☐
Poor/low self-esteem	☐	☐	☐	☐	☐
Sadness or crying	☐	☐	☐	☐	☐
Sexual acting out	☐	☐	☐	☐	☐
Suicide threats	☐	☐	☐	☐	☐
Suicide attempts	☐	☐	☐	☐	☐
Self-injurious	☐	☐	☐	☐	☐
Assaultive	☐	☐	☐	☐	☐
Cruel to animals	☐	☐	☐	☐	☐
Difficulty concentrating	☐	☐	☐	☐	☐
Fire setting	☐	☐	☐	☐	☐
Lying/accusatory	☐	☐	☐	☐	☐
Stealing	☐	☐	☐	☐	☐
Parentified	☐	☐	☐	☐	☐
Running away	☐	☐	☐	☐	☐
Other: _____	☐	☐	☐	☐	☐

Details and Comments: _____

_____

DIET & NUTRITION FOR YOUTH

What are the youth's favorite foods? _____

What food(s) does the youth not like? _____

Does the youth have a diagnosed eating disorder? ☐ Yes ☐ No

Does the youth require a special diet? ☐ Yes ☐ No If "Yes" to either question, please specify:

_____

CHILDHOOD DISEASE HISTORY *(Check all that apply)*

☐ Respiratory Diseases
☐ Ear/Nose/Throat Conditions
☐ Neurological Diseases
☐ Developmental Delays
☐ Infectious Disease (Mumps, Chicken pox)
☐ Other *(please specify)* _____

This form was completed by *(Please Print)***:** _____ Relationship: _____

This form was completed on *(Date)***:** _____

This information is authorized to be shared with Community-Based Service Providers and/or Placement Providers for the purposes of case planning and in order to maintain safety, permanency, and well-being for the youth.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Parent/Guardian Date