

 Last 3 digits of Student ID #:

 School Code:

Group #:

Pre	
-----	--

What do you hope you will be doing differently after this group?

How are you doing in each of these areas right now? (Mark on the line how you are doing. Low is poor/high is good)

	(low) I	See Myself	I (high)
	(low) I	With Family	I (high)
What do you think this group will be like?	(low) I	With Friends	I (high)
	(low) I	With School	I (high)
	(low) I	My Future	I (high)
	(low) I	Overall	I (high)

©2014 DeYoung Consulting Inc

Birthplace:	Grade:	Age:		
Ethnicity: o African American o Other	o Hispanic	o White o O	riental c	o Native American
Family Structure				
o parents married o parents	divorced o par	ents never mai	ried o ot	her
Live with: o both biological part o stepfather and biological me		pmother and bio	•	
o only child o 1 sibling o 2 si o>5siblings	blings o 3 sib	lings o 4 sibli	ngs o5sil	blings
Schools attended since first gr	ade: 0 2 0 3	o4 o5	0 6 0>	>6
Held Back?: o No o Yes	Grade(s)			
Extracurricular Activities: -				
Significant adults				
If I needed help at school, I wo	ould ask:			
If I needed help at home, I wo	ould ask:			
Another adult I could ask for	help would be: _			_
	A-B student passing any clas	o a B student ses	o a B-C s	student
Church Involvement				

- o Never go to church o Go to church on special holidays (Christmas, Easter, etc.)
- o Attend church services once a month o Attend church once a week
- o Attend church several times a week o Participate in youth activities at a church