



YOUTH ASSESSMENT FORM

Name: _____

Name you would like to be called: _____

Address: _____

City/State/Zip: _____

Contact number: _____

Parent(s) Name/email
address: _____

Date of interview: _____

Strengths/Weaknesses:

What are some of the positive things you see in other youth your age?

What are you interested in? i.e.Hobbies?

What is your idea of a family environment?

What do you fear?

What types of things make you feel happy? Or Sad?

What types of things do you and family do together?



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FAMILY/YOUTH NEEDS:

What is your current living situation?

Do you have a job or ways that you make money to save?

What type of friends do you have? Of them which one is the closest and why?

FAMILY HISTORY

What do you like best about your mom, dad, bother, sister, grandparents (only choose the ones that apply)?

PROGRAM GEARED QUESTIONS

Why are you attending this program?

What do you think that this program is supposed to do for you?

What types of ideas would you like to bring forth to the program to help others?

Disclaimer: This form is designed to get a perspective of what our participants are familiar with as it relates to life in general. There are not any right or wrong answers. It is designed in no way to disregard a youth's creditability or intelligence as it relates to our mentoring program. It helps the program instructor to better design the correct programs and guidance to help our youth or young adults to obtain a better quality of life as in relates to their current circumstances.



