

Application

Adolescent Name: _____

Parent/Guardian Name: _____

Date: _____

This is intended to be filled out with your adolescent and will be read by all facilitators.

What size t-shirt is your child (S, M, L, XL, 2X, 3X) _____

What is your hope/goals for this therapeutic intensive? _____

Describe your child's strengths? _____

Tell us what we need to know about your adolescent, about you and your family? _____

Describe your child's social involvement on a scale of 1-10? _____

Describe any mental health history including substance use? _____

Are there any medical issues or allergies that we need to know about: _____

*****Each Participant and their families will meet with someone from our clinical team to discuss a tailored plan**