

# *Adolescent & Parent Coaching*

## Parent Intake Form

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Texting Permission Y \_\_\_\_ N \_\_\_\_

Times: \_\_\_\_\_ *am* \_\_\_\_\_ *pm*

Email address: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_

Religious Preference \_\_\_\_\_

### **Presenting Parent**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_

Marital Status:

Married \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Significant Other \_\_\_\_ Widowed \_\_\_\_

Occupation: \_\_\_\_\_

Religious Preference \_\_\_\_\_

Military: Yes \_\_\_\_ No \_\_\_\_

Branch \_\_\_\_\_

### **Family Member and Other Persons in Household**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Grade or Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Grade or Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Grade or Occupation: \_\_\_\_\_

### **Biological Parent Outside the Household**

\*If different from above, please give;

Biological Mother's name: \_\_\_\_\_

Biological Father's name: \_\_\_\_\_

**Honesty is key.**

Please answer the next questions truthfully. We are not here to judge you but to use this as a tool. No one is a perfect parent and the fact that you are asking for help says a lot about how much you love your child so there will be no judgement here and all your answers are completely confidential.

What is the presenting problem for seeking Coaching services at this time?

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What would you say is your biggest parental concern?

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Describe the current roadblocks in relations to parenting, your home or life you may be facing today?

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List any hesitations you may have with starting Coaching sessions with your Adolescent:

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**Previous Mental Health Counseling and/or Treatment**

*Therapist/Program:* \_\_\_\_\_

Date \_\_\_\_\_

*Problem:*

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Completed Y\_\_\_ N\_\_\_ Date Completed: \_\_\_\_\_

*Therapist/Program:* \_\_\_\_\_

Date \_\_\_\_\_

*Problem:*

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Completed Y\_\_\_ N\_\_\_ Date Completed: \_\_\_\_\_

**Emotional/Behavioral/Chemical Dependency Issues**

<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>	
___	___	Any recent suicidal thoughts	___	___	Sudden change in behavior
___	___	Suicidal Plans	___	___	Depression, loneliness or hopelessness
___	___	Suicidal attempts			
___	___	Uncommonly secretive			
___	___	Cutting or self-inflicted injury			
___	___	Abnormal risky behavior			
___	___	Change of friends			
___	___	Obsessions ie: opposite sex, internet ...			
___	___	Increase in anger or cussing			
___	___	Communication problems			
___	___	Isolation and withdraw from family			
___	___	Theft or police involvement			
___	___	Increase in lying or dishonesty			
___	___	Recent Divorce			
___	___	Increase in Texting			
___	___	Recent Death in the family or friend			
___	___	Increased time of phone or devises			
___	___	Drug Use			
___	___	Alcohol discovery			
___	___	Paraphernalia discoveries			
___	___	Displaying violent outbursts			
___	___	Punching walls or fighting			
___	___	Pornography			
___	___	Increase in games or internet use			
___	___	Huffing	___	___	Smoking Cigarettes <i>including E-Cigs</i>

Has your child been exposed to drug or alcohol addiction in the household? **Y**\_\_\_ **N** \_\_\_ *If yes, please describe:*

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Do you suspect your child is being exposed to physical, verbal, neglectful, emotional or sexual abuse? **Y\_\_ N\_\_**

*If yes, has the child received help and have authorities been involved? please explain.*

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What is your philosophy on discipline?

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What is the other parents and/or are they the same?

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Who usually disciplines your child? \_\_\_\_\_

Explain your discipline technique:

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Does this technique work? **Y\_\_ N\_\_**

Does one child favor one parent to the other? **Y\_\_ N\_\_**

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Does one parent favor one child over the other? **Y\_\_ N\_\_**

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What is your communication style toward your child?

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How many hours a day is your child on their device(s)? \_\_\_\_\_

How many hours a day are YOU on your device(s)? \_\_\_\_\_

Do you have a “Family Night?” *If so, how often?* \_\_\_\_\_

Do you have “Family Meetings?” *If so, how often?*

\_\_\_\_\_

What would you say is the main source of strain in the family?

\_\_\_\_\_

What has changed in the last year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your own words, describe your your child to me:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Goals**

What are your overall goals as a parent? *Please describe them:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What issues would you like to address in sessions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve by being Coached?

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What are you willing to do?

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What are you NOT willing to do?

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Do you believe in Spirituality as a means to find solutions? \_\_\_\_\_

**I UNDERSTAND THAT NICHOLLE MENDOZA IS A MANDATED REPORTER AND ANY INFORMATION DISCLOSED IN SESSION SHALL BE SUBJECT TO REPORTING UNDER PENAL CODE 273D AND CHILD ABUSE LAWS IN THE STATE OF CALIFORNIA.**

I hereby Consent for Nicholle Mendoza who is an Adolescent & Parent Life Coach, to attend sessions with my child at the office of: ***Steele Recovery/Rooted in Love Coaching @ 10 E. Vine St. Ste 217, Redlands, Ca. 92373*** for weekly or bi-weekly sessions. All appointments will be agreed to the parties of parent(s), child(s) and Coach and will be kept confidential. Payments will be made at end of appointment or pre-paid at the discretion of the Coach. Texting, phone calls, email & Marco Polo communication will be established between Parent & Nicholle prior to child starting Coaching.

*We are entering into an agreement. All parties must agree to Coaching as indicated below by your signature.*

Print Name: (Parent) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Steele Recovery***

(in partnership with)

***Rooted In Love Adolescent/Teen & Parent Life Coaching***

10 E. Vine Street Ste 217, Redlands Ca. 92373

909-954-6477

[Rootedinlovelifecoaching@gmail.com](mailto:Rootedinlovelifecoaching@gmail.com)

*".....Therefore be Rooted in Love." Ephesians 3:17*

*Nothing Changes IF Nothing Changes*