**ADOLESCENT SELF-REPORT**

Parent/Guardian,

* This is for your adolescent (age 13-17) to fill out by themselves.
* It is not required.
* If your teen fills it out, please honor their privacy and do not review their answers.

**Name:** Click or tap here to enter text. **DOB:** Click or tap here to enter text.

**Age:** Click or tap here to enter text. **Grade:** Click or tap here to enter text.

**School/Homeschool:** Click or tap here to enter text.

**THOUGHTS CHECKLIST**

Please check how often the following thoughts occur to you:

1. Life is hopeless.  Never  Rarely  Sometimes  Often

2. I am lonely.  Never  Rarely  Sometimes  Often

3. No one cares about me.  Never  Rarely  Sometimes  Often

4. I am stupid/a failure.  Never  Rarely  Sometimes  Often

5. Most people don’t like me.  Never  Rarely  Sometimes  Often

6. I feel out of control.  Never  Rarely  Sometimes  Often

7. I want to hurt others.  Never  Rarely  Sometimes  Often

8. I am so depressed.  Never  Rarely  Sometimes  Often

9. I am disappointed in God.  Never  Rarely Sometimes  Often

10. I can’t concentrate.  Never  Rarely  Sometimes  Often

**ISSUES CHECKLIST**

Please check if any of these issues are **current** concerns for you. Check all that apply:

Getting along with my parents or other family members

Dealing with sexual feelings and/or problems

Worrying about my future (school/career/job choice)

Dealing with problems at school (academics/peers)

Dealing with alcohol or drug abuse

**STRENGTHS AND HELPS**

What is something you like about yourself? Click or tap here to enter text.

Who is your biggest supporter? Click or tap here to enter text.

What is your favorite way to cope with stress/troubles? Click or tap here to enter text.

Do you have a favorite interest or hobby? Click or tap here to enter text.

**ANYTHING ELSE?**

If there is anything else that you want to talk about, or ask your counselor please write it here. Click or tap here to enter text.