

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?

What would you say is your biggest parental concern?

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

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

Previous Mental Health Counseling and/or Treatment

Therapist/Program: _____

Date _____

Problem:

Completed Y___ N___ Date Completed: _____

Therapist/Program: _____

Date _____

Problem:

Completed Y___ N___ Date Completed: _____

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.

What is your philosophy on discipline?

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

Who usually disciplines your child? _____

Explain your discipline technique:

Does this technique work? **Y__ N__**

Does one child favor one parent to the other? **Y__ N__**

Does one parent favor one child over the other? **Y__ N__**

What is your communication style toward your child?

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?

What are you willing to do?

What are you NOT willing to do?

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

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

Nothing Changes IF Nothing Changes