SOUTHERN CALIFORNIA COUNSELING CENTER INTAKE FORM SCHOOL-BASED COUNSELING PROGRAM

	SCHOOL	-DASED COUNSELING FROC	IKAN	
Intake	Date			
First n	aame	Last name	School	
Date o	of Birth	Teacher Name	Ethnicity	
I want	to ask you some questions so	o I can get to know you bette	r.	
QUES'	TIONS ABOUT YOU			
1.	What is your favorite thing a	about yourself?		
2.	If you could change one thin	g about yourself, what would	d it be?	
3.	What is your favorite thing t	to do (sports, games, dance)?	Do you have a favorite game?	
4.	Who lives in your house/apt	t with you?		
5.	If your parents don't live tog	gether, how often do you get	to see other parent?	
QUESTIONS ABOUT YOUR FRIENDS				
1.	Would you say you have a lo	ot of friends, a few friends, or	no friends?	
2.	What do you like to do with	your friends?		
3.	Do you ever fight with your	friends?		
4.	Are kids ever mean to you?	What happens?		

QUESTIONS ABOUT FEELINGS

1.	Do people in your family ever feel sad? What do they feel sad about? How can you tell they are sad?		
2.	Do people in your family ever feel mad? What do they get mad about? How can you tell they are mad?		
3.	Do people in your family ever feel worried? What do they worry about? How can you tell they are worried?		
QUESTIONS ABOUT SCHOOL			
1.	What do you like best about school? What do you like least?		
2.	Do you feel safe at school?		
3.	What do you do after school?		
Finally	v, if you could wish for one thing, what would it be?		