



All About ME (Teen)

My name is _____ and here is some information that might be helpful to my new caregivers.

My birth date is _____ which means I am _____ years old.

I have _____ brothers and sisters. Their names and ages are: _____

The last school I attended was _____ and I am in the _____ grade.

Describing myself:

I would describe myself as:

- | | | | |
|---|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> friendly | <input type="checkbox"/> quiet | <input type="checkbox"/> artistic | <input type="checkbox"/> talented |
| <input type="checkbox"/> funny | <input type="checkbox"/> loud | <input type="checkbox"/> musical | <input type="checkbox"/> shy |
| <input type="checkbox"/> smart | <input type="checkbox"/> athletic | <input type="checkbox"/> outgoing | <input type="checkbox"/> good looking |
| <input type="checkbox"/> stylish/trendy | <input type="checkbox"/> pretty | <input type="checkbox"/> other _____ | |

When I have a problem, here is how I try to handle it:

- | | |
|---|--|
| <input type="checkbox"/> writing in a journal | <input type="checkbox"/> talking to my friends |
| <input type="checkbox"/> thinking by myself | <input type="checkbox"/> talking to a caring adult |
| <input type="checkbox"/> getting angry and being mean | <input type="checkbox"/> talking to my counselor |
| <input type="checkbox"/> going on a run or exercising | <input type="checkbox"/> _____ |

I get angry when _____

It makes me scared when _____



I feel good about myself when _____

Favorites:

Favorite subject at school _____

Least favorite subject at school _____

Favorite kind of music _____ Band: _____

Favorite movie: _____ Book: _____

Things I like to do:

	Love to do	Like to do	Want to learn how
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have these hobbies: _____

I need some help finding some hobbies.

Living with me:

If it were up to me you would find my room:

Messy Clean Somewhere in between

Chores and help around the house that I am pretty good at:



My sleeping habits are:

- I usually stay up late and sleep in
- I get up early in the morning
- I have a hard time sleeping
- I have nightmares
- I like to sleep with my door
 - Open
 - Closed
- It helps me get to sleep when (light is on, sound (music, nature sounds, TV) is on)

My favorite foods are _____

My least favorite foods are _____

My favorite snacks are _____

My favorite drink is _____

Home rules I have been asked to follow (ie.. curfew, bedtime, chores, homework time, bathroom time):



When I get in trouble I am used to:

- Being Talked to
- Physical discipline
- Grounded
- Privileges being taken away
- Yelled at

Other: _____

List three things that would make this a great place for you to live:

1. _____
2. _____
3. _____

Other information I would like you to know about me:
