

Oshkosh Community YMCA
Teen Adventure Program
Teen Information Form

Teen families:

Please take time to complete the questions below regarding your Teen. This information will assist Teen Leaders and other staff in learning more about your Teen before their participation in programming. All information provided will remain strictly confidential.

Teen Name: _____

Age: _____

School (this fall): _____

Grade (this fall): _____

Is your family a:

2-Parent/Co-Parent Family

Single Parent Family

Blended Family

Foster Family

How many other children are in the family? (If so, please provide their ages)

Has your Teen ever participated in Teen Adventure Programming? (If so, which years?)

Does your Teen have any other classmates or friends in Teen Adventure?

How well does your Teen get along with and/or relate to other adolescents?

What hobbies or activities does your Teen enjoy?

List any specific disciplinary, social, emotional, physical etc. struggles that your Teen is facing that Teen Staff should be aware of?

Please specify your recommended way of addressing these struggles?

Does your Teen have any current behavior or educational intervention plans (IEP's) in school? Is there information regarding these plans and structure that could assist staff in integrating your Teen into the program setting?

What would you like your Teen to gain from their experience in Teen Adventure?

What is your Teen looking forward to in Teen Adventure?

List any special instructions or requests regarding your Teen that you would like to be shared with Teen Leaders and staff?