



Teen Aspirations Pre-Interview Form

Please complete the following information:

Name: _____

Gender: Male____ Female____ Ethnicity: _____

Date of birth: _____ Age: _____

Participant's address: _____

Phone number: _____

E-mail address: _____

Diagnoses: _____

Diagnosed by: _____

Date of diagnoses: _____

Name of parent(s): _____

Address of parent(s) if different than participant's: _____

Parent(s) phone number(s): _____

Parent's email address: _____

Participant's education history:

Name and location of school(s) attended	Year(s) attended	Average grade(s) achieved

Participant's general history of activities you have been involved in (*include work, volunteer & extra curricular experiences*):

Name and location of activity	Brief description of your role	Period of involvement	Reason for leaving

