



CONNECTIONS THERAPY CENTER

Adolescent Assessment – Teen

1047 Cannell Court, Rockton, IL 61072
Dr. Cindy Stear, PsyD and Associates
815-957-0115 | drcindystear@connectionstherapycenter.com

- 1) What are 3 things you like about yourself?

- 2) What are 3 things you dislike about yourself?

- 3) Does either parent suffer with anxiety, depression, alcohol or drug use?

- 4) What are 3 things you like and 3 things you dislike about your mother?

- 5) What are 3 things you like and 3 things you dislike about your father?

- 6) List your siblings and describe their personality:

- 7) What do you like and dislike about school?

- 8) Do you feel you have close friends?

- 9) Do you suffer from bullying, including cyber bullying?

- 10) Have you ever been sexually, physically or emotionally abused?

11) Have you ever been neglected?

12) Are you or are others who know you concerned about your violence level?

13) Are you or are others who know you concerned about your alcohol and/or drug use?

14) Are you or are others who know you concerned about your eating habits or an eating disorder?

15) What are your interests and activities?